



THE UNIVERSITY *of* EDINBURGH

This thesis has been submitted in fulfilment of the requirements for a postgraduate degree (e.g. PhD, MPhil, DClinPsychol) at the University of Edinburgh. Please note the following terms and conditions of use:

This work is protected by copyright and other intellectual property rights, which are retained by the thesis author, unless otherwise stated.

A copy can be downloaded for personal non-commercial research or study, without prior permission or charge.

This thesis cannot be reproduced or quoted extensively from without first obtaining permission in writing from the author.

The content must not be changed in any way or sold commercially in any format or medium without the formal permission of the author.

When referring to this work, full bibliographic details including the author, title, awarding institution and date of the thesis must be given.



If We Hug? :
A Counsellor's Exploration into Her Perceptions of Hugging a
Client

Hsin-Shao Chang

Professional Doctorate in Psychotherapy and Counselling

The University of Edinburgh

2016

Plagiarism and Declaration of Originality

I hereby declare that this thesis has been composed by me and is based on my work.

Signature: _____
Hsin-Shao Chang

Thesis Abstract

“What does a hug mean in counselling practice?” In this autoethnographic research, I explore the role and implications of physical touch in therapeutic practice. Researchers argue that the use of hugs is controversial, as the fields of counselling and psychotherapy do not provide either a culture in which physical touch is regarded to be an appropriate therapeutic tool or where it is suitably introduced via generalised training that best prepares professionals to appropriately apply touch in practice. Yet, I argue that the reasons behind practitioners' potential struggle with the use of touch are much more complex and involve both the personal and professional spheres. In this qualitative study, I utilise autoethnography as my research method which illuminates the dynamics between my own sociocultural values, my personal relationship with my mother and my professional experience with a counselling client who requested a hug. I also employ poetry and storytelling as I argue that these creative methods assist me to recollect, analyse and present difficult memories, which implies that reflective practice helps to reveal potential issues that may arise in our interaction with therapeutic clients. By doing so, I demonstrate how these interactions formed and deformed my subjective notion of what it means to hug a client in a therapeutic context and show how the meaning and use of touch is significantly influenced by both sociocultural factors and subjective experiences. Thus my research illustrates that a practitioner's potential struggle with the use of physical touch in practice can be a symptom of dissonance between his/her professional and subjective perceptions of and experience with touch. This autoethnographic study aims to show psychotherapists and counsellors how they may better understand the use of touch in professional practice by reflecting on their own personal and socio-cultural experiences with physical contact in various contexts.

Acknowledgements

First, I would like to express my gratitude to my supervisors, Dr. Jonathan Wyatt and Professor Liz Bondi. They led me out from the muddle of research confusion so that I could see the light cast by understanding. The challenges they posed helped me to find the focus of my research and inspired me to think more critically. Simultaneously, they also allowed me enough creative space so that I could freely develop my ideas. I would not have been able to complete this thesis without their efficient guidance.

In addition, I extend a very special thank you to Dr. Hillarie Higgins, who always found time in her busy schedule to proofread and edit my thesis. She provided clear and thorough feedback and suggestions that enabled me to better express my ideas. Moreover, her care and encouragement about both my research and personal wellbeing served as crucial support during my research process.

I would also like to thank my programme peers for our stimulating discussions, and for comforting and supportive meals and conversations. My life became easier to handle because of you. I will miss our time together very much.

Last but not least, I would like to thank my family who provided crucial emotional and financial support for me to fulfil my dream of completing my doctorate degree abroad. I especially appreciate my mother and my husband, Michael. My mother passed her perseverance to me which then enabled me to overcome the difficulties I experienced in the research process. My husband's love and support helped me to overcome my self-doubt during an especially arduous time and to feel confident in who I am and what I can achieve. My family is essential to this thesis and to my everyday life.

Thank you to all.

Table of Contents

1. INTRODUCTION	11
2. LOSING SIGNAL – WHERE IS THE GAP?	17
2.1 TOUCH DEBATES	20
2.1.1 PSYCHODYNAMIC PERSPECTIVES	21
2.1.2 PERSON-CENTRED APPROACHES	26
2.1.3 GAP BETWEEN THEORY AND EXPERIENCE	28
2.2 A THERAPIST'S PERCEPTION AND EXPERIENCE OF TOUCH	30
2.2.1 PROCESSING DIFFICULTY	30
2.2.2 THERAPISTS' SUBJECTIVITY	32
2.3 CONCLUSION	41
3. LISTEN TO THE HEART – FINDING THE RIGHT PATH	43
3.1 WHAT HELPS US UNDERSTAND?	43
3.1.1 EXPERIENCE IMMERSION	43
3.1.2 AUDIENCE'S SELF-AWARENESS	44
3.1.3 THE POWER OF STORY TELLING	46
3.2 AUTOETHNOGRAPHY	48
3.2.1 RATIONALE OF AUTOETHNOGRAPHY	48
3.2.2 CRITICISMS OF AUTOETHNOGRAPHY	53
3.2.3 HOW TO DO AUTOETHNOGRAPHY?	56
3.3 CONCLUSION	64
4. TRIO SONATA	67
4.1 ABOUT THIS TRIO SONATA	67
4.2 EXPOSITION	68
4.2.1 THE SESSION – SANG BY THE COUNSELLOR SELF	68
4.2.2 THE DREAM – SANG BY THE PRIVATE SELF	70
4.2.3 DUET: DREAMING IN THE SESSION	71
4.3 DEVELOPMENT I: MOTHER, DAUGHTER, AND THE DAUGHTER'S BODY	73

4.3.1 I AM LIKE HER DAUGHTER – SANG BY THE COUNSELLOR SELF	73
4.3.2 MOTHER’S EXTENSION –SANG BY THE PRIVATE SELF	75
4.3.3 DUET: I AM LIKE HER EXTENSION	78
4.3.4 REFLECTING DEVELOPMENT I	80
4.3.5 CODETTA OF DEVELOPMENT I	84
4.4 DEVELOPMENT II: MOTHER, DAUGHTER AND THEIR SEPARATION	86
4.4.1 GOING BACK – SANG BY THE COUNSELLOR SELF:	86
4.4.2 LEAVING – SANG BY THE PRIVATE SELF:	87
4.4.3 DUET: LEAVING OR GOING BACK	90
4.4.4 REFLECTING DEVELOPMENT II	91
4.4.5 CODETTA OF DEVELOPMENT II	97
4.5 DEVELOPMENT III: MOTHER, DAUGHTER’S EXPERIENCING BODY, AND GUILT	98
4.5.1 SOMETHING IS WRONG WITH MY BODY – SANG BY THE COUNSELLOR SELF :	98
4.5.2 I HAVE TO HIDE THIS BODY – SANG BY THE PRIVATE SELF:	99
4.5.3 DUET: HIDE THE WRONG BODY	101
4.5.4 REFLECTING DEVELOPMENT III	102
4.5.5 CODETTA OF DEVELOPMENT III	109
4.6 RECAPITULATION	110
4.7 CODA – THE ETHICS OF WRITING AN AUTOETHNOGRAPHY	115
4.7.1 DREAMING IN WRITING – THE DREAM OF THE CHALLENGES OF CONDUCTING AUTOETHNOGRAPHY	116
4.7.2 IS AUTOETHNOGRAPHY FRIENDLY?	118
4.7.3 HOW COULD WE SET THE FIRE WITHOUT CAUSING HARM?	134
<u>5. FINAL REFLECTION</u>	<u>137</u>
5.1 AFTER THE MUSIC ENDS	137
5.1.1 WHAT WAS THE TRIO SONATA ABOUT?	137
5.1.2 THE IMPLICATIONS OF THE TRIO SONATA	143
5.2 KEEP THE MUSIC PLAYING	146
<u>REFERENCES</u>	<u>149</u>

1. Introduction

‘My client asked for a hug from me. I wasn’t sure how to respond to her. In the end, I decided that I would give her a hug. We thus hugged. Yet, I subsequently experienced enormous internal and external conflict...’

I have told and re-told the story about how I addressed the requests for a hug by my clients in various contexts. I told the story in my clinical supervision sessions in order to better understand my experience. I shared the story in a class I taught in order to help facilitate my students' understanding about the issue of touch in counselling and psychotherapy. I also talked about this story in a student conference in our department in order to attain feedback that could stimulate research ideas. Each time, the story was told in different ways as the purpose of sharing the story and the audience of the telling were different. However, these different presentations and interpretations do not mean that I changed the story. Rather, there are many different perspectives regarding the issue of touch in the counselling and psychotherapy fields. Each time I told the story, some new perspectives of the issue were explored. Yet, I was still uncertain about its application, use and meaning in my own therapeutic practice. This thesis is another attempt to tell the story of my hugging experiences in my counselling practice in order to enhance a more comprehensive understanding of the use and meaning of touch in counselling and psychotherapy. My purpose is to explore how a counselling practitioner’s perception of the meaning and use of touch is significantly influenced by the dynamic of her personal subjective values including personal history, theoretical beliefs of psychotherapy and social-cultural norms.

Existing literature shows that many counsellors and psychotherapists find it difficult to reflect upon and understand their own experiences of physical contact with their clients (Harrison, Jones, & Huws, 2012; Tune, 2001). While

this difficulty is usually considered to be the result of both presenting the use of touch as being taboo in our profession and a lack of adequate training regarding this issue, I argue this difficulty also may be caused by counsellors and psychotherapists' internal conflict with their subjective perceptions regarding the meaning of physical contact with others. I further argue the current theories regarding the issue of touch in counselling and psychotherapy are not sufficient to help these practitioners to process and understand their experiences of physical contact with their clients. Therefore, I aim to conduct a thesis that addresses the deficiency found in existing theories that focus on the issue of touch in counselling and psychotherapy practice and which instead explores the subjective issues that may affect other professionals' perceptions and experiences of touch in practice.

The context and content of the studies regarding the issue of touch will be further explored in my review of the literature. This chapter will start by sharing my own confusion when I tried to understand my experience of hugging a client. I will then introduce the relevant arguments in the psychodynamic and person-centred traditions in which I was trained. Subsequently, I will explain how I found these psychological theories were not sufficient for me to understand my experience. From this point, I will shift focus to presenting literature that illustrates practitioners' difficulty of processing their experiences of physical contact with their clients. I will argue the important role of a practitioner's subjectivity in his/her experience of physical contact in practice and the implications of an individual practitioner's ability to process his/her struggle to comprehend the touch experience. I will emphasise how a practitioner's subjective values are constructed through personal histories, social-cultural norms and psychological theoretical concepts. I believe by considering the influences of and the dynamic between a practitioner's social-cultural norms, personal perceptions and theoretical beliefs regarding touching and being touched, his/her experience of physical contact with his/her client can be better understood.

In order to address the perceived deficiency found in existing theories and studies that explore the issue of touch, I decided to use my own professional experience as an example story. My own experience illustrates the process through which a practitioner may incorporate her subjective values when comprehending the use and meaning of touch. I propose that presenting data in the form of stories helps the audience to become immersed in the experiences and the emotions of the story. This experiential and emotional immersion enhances a kind of understanding that I argue the audience cannot gain from theoretical analysis alone. In addition, a story arguably provides a more comprehensive way to understand personal experiences. Thus, the audience can learn to observe their own experiences by adapting and utilising the processes I introduce through my story.

In the third chapter entitled Research Methodology, I share how I chose autoethnography as my research method to explore and present my experience of being asked for a hug and, subsequently, hugging my client. The idea of autoethnography, the critics of this method and my reason for choosing this method will also be explained. In this chapter, I will further discuss the importance of experiential immersion and understanding the subjective process for counsellors and psychotherapists' learning. The influence of storytelling that enhances one's ability to process knowledge and engage in experiential immersion will also be explained in more detail. I will also argue the methodological philosophy of autoethnography matches my belief about the importance of experiential immersion and the subjective processing of knowledge. Moreover, I will discuss how autoethnography illuminates the influence of personal subjectivity, including social-cultural values, on one's perception of his/her experiences.

As autoethnographers expect their audiences to become immersed in the experiences presented through their stories, they also expect these stories to possess an aesthetic quality that allows an audience to access emotions and other integral elements of human experience that arguably transcend

standardised language. Aesthetic skill thus is very important in order for autoethnographers to successfully conduct their work. To respond to this requirement, I utilise the skill that I learned from my music training in my autoethnography. In my methods chapter, I will demonstrate how I invited the voices of my counsellor self, my private self and my research self to sing to each other in order to show the dynamics between them. Furthermore, I will explain how I utilised the idea of sonata form, which constructs a narrative from the movement components of Exposition, Development, Recapitulation and Coda for the structure of my autoethnography, and the purpose of applying this kind of structure.

My autoethnography is presented in the chapter of 'Trio Sonata' and emulates a piece of music that is full of dynamics, emotions and feelings. In this chapter, I will explore my perception of being asked for a hug by my client from the counsellor's point of view, my subjective individual point of view and the researcher's point of view. Through presenting these various perspectives, the dynamics between my subjective values that affect my perception of the experience will be illustrated. You as my research audience will be able to see how I subconsciously intertwined my interaction with my client with my personal memory of my relationship with my mother in the context of Taiwanese culture, which thus influenced my perception of the meaning of my client's request and the meaning of the subsequent hug. Furthermore, other subjective components that influenced the meaning I assigned to the hug, such as history and gender roles in my family which were contextualised by particular cultures, will also be included in this qualitative piece. The objective of my autoethnography is to immerse you in my emotional struggle regarding physical contact, so you will be able to see and feel the pull I experienced from different subjective contexts that constructed and deconstructed my perception of physical contact with my client. After moving back and forth between three selves, between my relationship with my client and my relationship with my mother, and between the different cultures of Taiwan and the United Kingdom (UK), my subjective perception of my experiences of being asked for a hug by

my client finally merge into one understanding by the end. This newly constructed perception will then facilitate us to understand the confusion I felt after experiencing the hug between my client and me. Thus, the new understanding I present will be further enhanced.

In addition, in the 'Trio Sonata' chapter, I will also discuss ethical concerns which I believe should be part of the autoethnographic piece instead of presenting them in the Research Methodology chapter. My choice of sharing and analysing my own experience as the focus of my qualitative research caused me to become particularly aware of the ethical implication of my practice upon self and other. Therefore, I believe my ways of coping with the ethical challenges that emerged from my research process should be part of my story, and I should not attempt to untangle and detach these from the telling as it would disrupt the story, its telling and the experience of listening/witnessing. By presenting the particular challenges I encountered whilst engaging in my research process and its telling, I will also demonstrate the potential ethical challenges of producing and publishing an autoethnographic work.

As I mentioned at the beginning of this chapter, I have shared my experience of hugging a client on many different occasions. Each time I chose to share different aspects of the experience in order to facilitate certain knowledge about the issue of touch. In this thesis, I share the same experience as an autoethnographic piece in order to help counselling and psychotherapy practitioners to better understand their experiences of physical contact with clients. I do this by sharing and analysing my own struggle with understanding the meaning of the hug shared between my client and me, so that other professionals may consider the value of reflexive practice and the potential use of creative storytelling. In the final chapter of this thesis – Final Reflection, the contributions of my autoethnographic piece will be further illustrated by logically presenting my arguments through thematic sections in order to better articulate the information provided in my autoethnographic piece. I will demonstrate that my chosen approach can help practitioners who also struggle

to understand their experiences of physical contact with their clients. Moreover, I will argue that the piece provides access to understanding the fluid and emotional quality of the meaning of physical contact, which I argue counsellors and psychotherapists are not likely to understand through reading theories alone. Lastly, I will argue this piece challenges the assigned roles of counsellors and psychotherapists' subjectivity and physicality in our profession. This piece warns of the risk of overlooking practitioners' subjective body. Despite the contribution of the autoethnographic method I will also discuss the limits of autoethnography as a research method. I thus will invite feedback to my work and encourage more research that explores practitioners' subjective feelings about the experience of physical contact.

In this introductory chapter, I have shown you the general ideas embodied by each chapter in this thesis. To prepare you to fully engage in my thesis, I introduced my motivation for doing the research, the focus of this thesis, the research method, my main arguments and the presented contributions of the thesis. At this time, I invite you to move to the next chapter, which contains my review of the literature. In this chapter, we will go back to the beginning of my search process as I first explored the context of my research and simultaneously discovered the need for an additional way to study this topic.

2. Losing Signal – Where Is the Gap?

“I’d feel better if you gave me a hug.”

This request from a client is the starting point of my research which explores the appropriate/ethical use of touch in counselling and psychotherapy. Some years ago, when I was still a counselling trainee and had only been practicing for six months, one of my clients asked for a hug as a way to support her efforts in overcoming a difficult period that came along with the Christmas holiday.

I eventually offered a hug to the client, but experienced an uncontrollable tremble in my body after the session. I could not concentrate on writing my case notes; I could not bear sitting in the office and instead had to walk back to my counselling room in order to be alone. I was only able to stop trembling after I put my arms around myself to give myself a hug. I did not understand why this reaction occurred. I sat on the couch in the counselling room and tried to articulate this bodily experience. I only knew it was something to do with that hug. I felt extremely uncertain and insecure. I recalled the session and dedicated a great deal of time to reflecting on the circumstance surrounding the hug. Yet, I was still unable to fully understand my experience of hugging the client. I had no difficulty recalling my client asking me for a hug. However, when I tried to explore my experience of it and articulate the meaning of the hug, my mind would become like an old television that had lost its signal, producing black and white noise and making a ‘tschhhhhhhhhhhhh.....’ sound. I was overwhelmed by this experience.

The experience of hugging the client triggered a shift in my research focus that then led me to explore the meaning of touch which I have pursued ever since. In order to help me understand my experience, I read theoretical understandings

of touch in counselling and psychotherapy as seen through psychodynamic and person-centred lenses, the core orientations of my professional training; I talked to different people and listened as they shared their perceptions of touch because I did not feel as if I had found the answers in the theoretical literature; and I looked for other research materials that explored the use of touch in counselling and psychotherapy. I expanded my search because, despite my literature search, I still found it difficult to make sense of the experience of hugging my client. Thus, I continued my search for studies that clarified the meaning of touch in this context, assuming that by putting together all the theoretical pieces, I would be able to ascertain the meaning I ascribed to hugging my client and assess whether my decision to do so was correct. Unfortunately, my efforts did not lead me to a solution. A significant piece of the puzzle was still missing in the picture. What was the absent variable that, if found, would allow me to understand my own experience?

The purpose of this chapter is to create and explain every piece of a puzzle that I argue is crucial for counsellors and psychotherapists to understand as they engage in their decision-making process of whether or not to touch their clients and reflect on their experience of touch. Before revealing the missing piece of this puzzle that was discovered through my use of autoethnography/creative methods, I would like to invite you, my audience, to review my previous process of searching for existing theoretical arguments about the use of touch in practice by sharing other therapists/ counsellors' experience with this issue so that I may then argue the limitations and needless rigidity of the theory-based ideas contained within this literature. We will firstly look into psychotherapy theories that relate to the issues of touch. There are many psychotherapy schools have developed their theoretical arguments about use of touch in practice (Bonitz, 2008; Smith, 1998). However, in this thesis, I will only focus on the psychotherapy argument about touch made by psychodynamic and person-centred schools as they serve as my own schools of training. I will not only show you relevant arguments, but I will also reveal how I was not able to find my current position in these psychotherapy theories which caused me to extend my

search. As the result of my difficulty, I became curious about how other practitioners process their own experiences of touch. I thus move my focus from theoretical arguments to studies which explore counsellors and psychotherapists' perceptions and experience of touch in practice. This literature demonstrates other dimensions of practitioners' subjective experiences with using touch in practice. I also argue that, since I did not find my answers in the theoretical literature in which I was trained, the studies which focus upon the importance and value of recognising and exploring the role of subjectivity served as more relevant to my particular study. I found that the literature which explores counsellors' and psychotherapists' perceptions and experiences of touch in practice is relatively scarce.

Thus, I will further discuss the research that I explored beyond psychotherapy theories in my review of literature. These studies will be reviewed firstly to demonstrate that the difficulty of processing experience of touch in practice is not rare for practitioners. I then suggest the existing literature to which counselling students are often referred in their training does not provide sufficient information or support for practitioners as they attempt to process their experiences of physical contact used in professional practice. Specifically, due to the lack of focus upon practitioners' subjectivity in traditional literature, the individual struggle one may feel whilst navigating the counselling and psychotherapy fields is not even recognised. I then turned to exploring additional research that reached beyond the scope identified in theoretically-based studies and focussed on the importance of subjectivity. I utilised a systematic approach in order to identify the studies that would be of the most use to my research. As I searched for more relevant studies to support my own position, I looked for studies that centred on three subjective systems: theoretical orientation, social-cultural norm and personal history, which influence practitioners' perceptions and experience of physical contact in counselling and psychotherapy. In addition to my argument regarding the significant influence of these three proposed value systems upon the use of physical touch in therapeutic practice, I will argue these value systems might

even produce conflict that hinders some practitioners in processing their subjective experiences of physical contact in their professional work, as in my own case. Consequently, I will demonstrate how existing research using solely therapeutic theories has largely overlooked practitioners' subjectivity and how this gap in knowledge and research has consequently produced a puzzle surrounding the issue of touch in the fields of counselling and psychotherapy. The chapter will demonstrate the insufficient awareness regarding practitioners' subjectivity in person-centred and psychodynamic schools of thoughts, and to introduce the idea of practitioner's subjective values which can enrich the understanding of the issue of touch in counselling and psychotherapy.

2.1 Touch Debates

Being a trainee counsellor when asked for a hug in session, my main strategies to solve any issue emerging in counselling practice were to find theoretical explanations for the issue that surfaced and talk to my clinical supervisors. I was hoping these strategies would help me to find a way to process and understand the experience of hugging my client. Since my training was based on the person-centred approach and psychodynamic perspectives, I was referred to an individual supervisor who came from the psychodynamic tradition and a group supervisor who was a person-centred practitioner. Therefore, I mainly engaged with person-centred and psychodynamic theories when I was searching for a theoretical understanding of hugging my client. However, my strategies of consulting with my supervisors and looking for theoretical arguments on touch did not produce a more informed understanding. Instead, I unintentionally stepped into a theoretical debate that has been going on for decades within counselling and psychotherapy, and thus more confusion was caused. In the following sections, I will elaborate on how I became involved in this debate and discuss how my individual supervisor, my group supervisor and I each held a different theoretical understanding regarding the meaning of the hug shared between the client and me. Moreover, the theories that we each utilised will be explored further.

2.1.1 Psychodynamic Perspectives

On the same day as the session in which the client asked for a hug, I had scheduled an individual supervision session. I brought up the hugging event and discussed this incident and my reaction with my individual supervisor. In turn, he expressed disapproval of my decision to hug my client. My individual supervisor considered my decision to be unhelpful, because he believed the client was trying to avoid facing an issue that caused her enormous pain, and the hug served as a distraction from the issue. I was surprised by his interpretation, because I actually interpreted the role of the hug I provided differently. I argued with my supervisor, saying that the hug was meant to be supportive. I believed offering a hug was a way to provide “holding”, in Winnicott’s (1990) terms. While my individual supervisor disagreed with my argument, I also remained unconvinced of his argument. However, I also became more uncertain about what the hug meant. After my individual supervision session, the experience of hugging my client became even more difficult to articulate.

The disagreement between my individual supervisor and me mirrors the main debate about touch within the psychoanalytic school. The issue of touch has been intensively argued over the years. The use of touch was once considered to be taboo in counselling and psychotherapy. Although recently psychoanalysts have argued that touch could be beneficial for clients, the controversy about whether touch should be used in therapy still remains.

The main argument that discourages therapists and counsellors from using touch in their practice is that using touch may gratify a client’s need, or possibly lead to a sexual encounter. My individual supervisor’s argument against the hug I provided to my client was very close to this perception. The idea against using touch can be traced back to Freud, who first used touch as a technique to facilitate his clients’ free association but then later abandoned this technique

(Freud & Breuer, 1955). A great deal of research attributes this change in Freud's attitude to his social and historical context (Bonitz, 2008; Diamond, 2006; Fosshage, 2000; Mintz, 1969b), but others attribute it to the development of his theories (Bonitz, 2008; Forer, 1969; Hunter & Struve, 1998; Kertay & Reviere, 1998). When Freud developed his idea of transference, he also developed the idea of the role of the therapist as being a blank screen; the therapist should carry out minimal action and avoid any sort of self-disclosure. Freud believed that only by the therapist playing the role of the blank screen could the patient then be able to bring forth unconscious material, projecting transference feelings onto the therapist. Within this concept, physical contact contradicts the idea of a therapist being a blank screen and, therefore, touch is considered to be interfering with psychotherapy and should be prohibited (Bonitz, 2008; Forer, 1969; Fosshage, 2000; Goodman & Teicher, 1988; Hunter & Struve, 1998; Kertay & Reviere, 1998). Furthermore, Freud (1936) relates the need for touch to Eros' desire, and later that the use of touch is gratifying the patient's unconscious infantile sexual wishes. In the context of Freud's theoretical argument, if the patient's infantile wishes are gratified in psychotherapy, these wishes will remain in the unconscious and cannot be worked through. Only by frustrating these conflict-provoking wishes will the patient start to become aware of their unconscious conflicts and find the motivation to change. According to this theoretical belief, the therapist's work is, as McLaughlin (2000) describes, to "find out what the patient wants, and not to give it to them" (p. 66). As the need to be touched is defined as a kind of infantile sexual desire, touching patients thus means gratifying infantile wishes and is forbidden in psychotherapy (Bonitz, 2008; Forer, 1969; Fosshage, 2000; Hunter & Struve, 1998; Mintz, 1969a; 1969b). Many psychoanalysts follow Freud's idea and believe touch should be avoided in psychotherapy.

Although touch is not necessarily related to the idea of meeting patients' sexual desire, the fear of arousing sexual feelings is still presented as the main reason for inhibiting the use of touch in psychotherapy (Horton, Clance, Sterk-Elifson & Emshoff, 1995). In addition, some psychoanalysts still hold the traditional belief

that the use of touch interferes with patients' transference, preventing them from working through internal conflicts (Hunter & Struve, 1998). For example, Langs (2006) insists touch should never be used in psychotherapy. He criticises other psychologists who endorse the positive influence of touch as having a superficial understanding of the use of touch and overlooking the power of the unconscious. He argues that solid rules and boundaries enhance a secure environment in which patients may then work through their issues, and should never be broken. No touch, according to Langs, is a ground rule in psychotherapy and, for him, touching a client would break the boundaries and healing would not be possible. In Lang's opinion, as with the teachings of Freud, a patient's desire for physical contact is a way to avoid dealing with internal conflict and breaks therapeutic boundaries. Langs (2006) strongly argues:

Therapists touching their patients may be consciously motivated by helpful reasons and accepted as such by patients. Nevertheless, physical contact in psychotherapy is a frame modification that is deeply unconsciously perceived by both parties to the contact as seductive, incestuous, harmful or murderous, punishing and imprisoning, predatory and inappropriate, and in error (p. 140).

In addition to the arguments about the impact of touch on clients' unconscious transference and the possibility of instigating sexual misconduct, some scholars suggest touch is simply unnecessary in psychotherapy (Brafman, 2006; Kahr, 2006). Kahr believes that what can be achieved through physical contact can also be achieved through using appropriate words or eye contact. My clinical supervisor holds a similar interpretation of my offering a hug to my client. From his perspective, my client did not want to work on her loneliness, so she asked for a hug from me in order to solve her struggle without facing it. He considered that by offering a hug, I was colluding with the client's own reticence to work through her issues. He believes hugging was not beneficial for the client, and should not have been done. In his opinion, the client would have benefitted by verbally communicating her desire to be hugged rather than receiving a real hug.

As previously mentioned, I had a different perception than that which my supervisor presented. I thought the client could be supported by my willingness to provide a hug. Psychoanalytic arguments for the use of touch are often based on relational models. This group of psychoanalysts often relates therapists' use of touch to a mother's use of touch with her baby. Relational models have brought new ways to perceive the meaning of the therapist's use of touch (Fosshage, 2000; Orbach, 2004a). When exploring views about the use of touch, Fosshage refers to changes in theoretical values and says, "Two major paradigmatic shifts have occurred within psychoanalysis: the change from positivistic to relativistic science and the movement from an intrapsychic to an intersubjective, or relational, model. These two changes have profound implications for the consideration of "to touch or not to touch" (Fosshage, 2000, p. 24). Instead of considering a client's emotional difficulties to be the result of the conflict between infantile needs and super-ego, object-relation theory attributes these difficulties to be found in dissonance present in early interpersonal relationships. From this perspective, the purpose of psychotherapy is not to provide a blank screen for the patient's unconscious desire to be projected onto, but a therapist instead needs to provide a secure relationship for the patient to fix his/her early relational difficulties (Glickauf-Hughes & Chance, 1998). Moreover, relational therapists believe early childhood physical contact is crucial, as early experiences of being physically handled and held can provide an infant with a feeling of security and an awareness of a sense of self. Following this concept, the client's need for touch is no longer considered to be indicative of unconscious infantile sexual desire, but instead illustrates the developmental need for congruent interpersonal relationships. Thus, offering touch to a client could provide the patient with a new interpersonal experience that might increase self-awareness and enhance the sense of security they experience in the therapeutic relationship (Bosanquet, 2006; Forer, 1969; Glickauf-Hughes & Chance, 1998; Toronto, 2002).

Some famous object-relation therapists, such as Bowlby and Winnicott, are known to have used touch in their psychotherapy practice. Bowlby points out that many of his clients did not receive proper comfort from their parents during childhood. These clients learned to ignore or avoid their own depression as their parents did. According to Bowlby's idea, an attachment therapist would consider his relationship with his client as an opportunity to reconstruct the client's perception of his or her own emotions. Thus, Bowlby suggests that sometimes withholding physical contact from a depressed patient is inhuman. He warns of the danger of eliciting sexual feelings, but says that sometimes physical contact simply provides comfort (Bowlby, 2005).

Similarly, Winnicott believed that sometimes physical contact is necessary for some patients undergoing psychotherapy. In Winnicott's view, the mother provides ego-support by holding her infant. Through its mother's touch, the infant learns to survive and integrate unfamiliar feelings, and thus begins to gain a sense of self (Davis & Wallbridge, 1991). Winnicott argues that, in psychotherapy, the therapist is also psychologically holding the client. This sense of holding is usually provided through the therapist's empathy with and understanding of the client's experiences. Although this suggests that the therapist's holding is usually achieved through verbal communication, Winnicott suggests sometimes physical contact might be applied. He says,

Occasionally holding must take a physical form, but I think this is only because there is a delay in the analyst's understanding, which he can use for verbalizing what is afoot. There are times when you carry round your child who has earache. Soothing words are no use. Probably there are times when a psychotic patient needs physical holding, but eventually it will be understanding and empathy that will be necessary (Winnicott, 1990, p. 240).

During my counselling training, I found that relational models usually matched my own personal life experiences. I, therefore, often applied these models to help me understand uncertain situations in my training practice. As I felt ambiguous about the meaning I should assign to the act of hugging my client, I habitually used relational concepts to analyse the situation. I considered my client had difficulty in accepting her vulnerability and felt that part of her was unlovable. I believed my hug could be a positive experience for her and might help her to understand that her vulnerability was acceptable which would then help her to learn to love this part of herself. In my opinion, the client would eventually learn to hold herself and would not need hugs from me. This theoretical understanding did not, however, help me to feel less nervous about what had happened between the client and I. Applying this theory to my experience actually left many things unexplained. For example, why did I tremble uncontrollably after the session? Why did I experience a feeling of insecurity? My relationship with the theories I used hovered at a superficial level and did not touch my real experience. Therefore, when my individual supervisor then challenged my theoretical explanation, I lost my confidence and found it difficult to hold on to my beliefs. I left the individual supervision feeling more confused.

2.1.2 Person-Centred Approaches

After coming back from the Christmas holiday, I brought this case to my group supervision, as I was still unable to process this experience. My group supervisor, who works from a person-centred therapy foundation, provided a different understanding. Unlike my individual supervisor who works in a psychodynamic framework and has strong opinions about hugging clients, my group supervisor held a relatively open attitude to it. She thought the hug provided a new experience for the client and might have changed the client's perception of physical interactions with others.

The difference between the two supervisors illustrates the different perceptions of the use of touch in person-centred and psychoanalytic approaches. While psychoanalysts hotly debate the meaning of touch and have published several papers regarding the use of touch in psychotherapy, person-centred therapists seem also divided on this issue. There are less theoretical reviews on the debate regarding touch from a person-centred perspective. Although the use of touch is mentioned in this approach's literature, there appears no sense of urgency to argue about the justification of the use of touch. The reason for this phenomenon could be that the use of touch in the person-centred approach has never been considered taboo and therefore the struggle to find a place for touch in person-centred psychotherapy is unnecessary as it arguably already exists. Touch seems to be more acceptable within humanist psychotherapy (Shaw, 2003; Smith, 1998). Whereas psychoanalysis emphasises analysing intra and inter dynamics in psychotherapy, person-centred approaches put more emphasis on psychotherapists' ways of being with the client. Furthermore, while psychoanalysts are more concerned about maintaining boundaries in the therapeutic environment, person-centred therapists prefer less strict boundaries so that they can meet their clients as equal human beings (M. Williams, 1997).

Theoretical understandings of the nature of therapeutic relationships and the function of psychotherapy provide a suitable environment for touch to be used by person-centred psychotherapists. A relatively relaxed attitude towards touch can be observed in the transcript of Rogers' work with Sylvia (Farber, Brink, & Raskin, 1996). After Rogers reflected on Sylvia's split between her strong self and dependent self, Sylvia agreed with Rogers and said, 'May I hold your hands again?' 'Sure. M-hm', Rogers replied (p. 265). When Rogers reflected on this experience, he commented that he was very comfortable with it. He simply understood it as nonverbal communication within a close relationship. The values in the humanist tradition allow the possibility for touch to be used in psychotherapy. In person-centred psychotherapy, the responsibility of the therapist is to provide three core conditions: unconditional positive regard,

empathy and congruence. It is believed that the client will follow his/her tendency towards growth when the therapist sufficiently provides these three conditions. In this context, touch is considered to be, 'a natural and spontaneous expression of a genuine (non-transferential) relationship' (Smith, 1988, p.12). Thus, touch is sometimes used and described by humanistic psychotherapists as a practitioner's way of expressing genuine empathy, care or acceptance (Pattison, 1973; Smith, 1998).

When Mearns, Thorne & McLeod spoke about current issues relating to the use of touch in counselling, they said:

There is no easy answer to the dilemma – yet we continue to believe that person-centred counselling is an endeavour that is grounded in our humanity and if we are to withdraw dimensions of our humanity from the work we would be offering a charade to our clients and to ourselves. So we will not restrain our gentle touch on the hand or shoulder – a touch that arises spontaneously out of our sense of being *in contact* (emphasis in text) with the other human being (Mearns, Thorne, & McLeod, 2013, pp. 91-92).

In person-centred psychotherapy, touch can be a natural behaviour between two human beings. Like many person-centred practitioners, my group supervisor did not analyse the intra dynamic between the client and I. She based this on the fact that my client was sexually abused in her childhood, and considered the hug provided an opportunity for the client to experience physical contact that was non-abusive and caring.

2.1.3 Gap between Theory and Experience

Consequently, as shown in the previous sections, different theoretical concepts would lead to different perceptions of the meaning of touch in psychotherapy. However, I felt that every theory only provided a rather superficial explanation for the experience, leaving a large part of my experience *untouched*. I was

unable to firmly locate myself on any particular theoretical ground. I wondered which theoretical explanation would be the most suitable for my case. Without solid theoretical ground to fall back on, the disapproval from my individual supervisor and the ongoing requests for hugs from the client became more and more difficult to reconcile.

Unable to contain my uncertainty, I asked for the client's opinion after she requested another hug from me. I shared my worry that she might overly rely on my hugs and would not be able to become independent from me. The client was extremely upset by my question. She believed that I was rejecting her. She felt hurt and decided that she would never ask for a hug from me again. It seemed like I had been expelled from her internal world and that I had made a huge mistake by asking for my client's opinion. I felt that our relationship was damaged by my question.

The feelings of guilt and loss motivated me to continue looking for more research papers so that I could understand my experience, such as papers discussing the influence of touch on clients (Alagna, Whitcher, Fisher, & Wicas, 1979; Geib, 1998; T. Jones & Glover, 2014; Pattison, 1973; Stockwell & Dye, 1980) and the ethical use of touch in counselling and psychotherapy (Calmes, Piazza, & Laux, 2013; Durana, 1998; Holub & Lee, 1990; Hunter & Struve, 1998). I tried to find a way to assess whether my decisions of offering and questioning the hug were right or wrong. I hoped I would find a solution for my guilt and loss in these papers. Yet, my mood fluctuated as I read different articles. I firstly felt less self-blame when reading the articles that touted disapproval in regards to touching clients; however, the sense of self-blame soon returned when remembering my earlier decision of offering hugs to my client and the comfort they seemed to provide. On the other hand, when I read the articles discussing clients' hurt feelings due to a counsellor's rejection of physical contact, the regret was eased. Yet, when I recalled how my relationship with the client changed because of my fear of offering more hugs, the sense of loss and guilt made my heart sink again. It became more difficult for me to process the

experience of hugging my client. Instead of facilitating my understanding about this experience, every theory felt like a rule that repeatedly judged me for my apparent incompetence. Consequently, the experience of the hug was even more overwhelming for me. Whenever I tried to process it, my mind became extremely chaotic. 'TSCHHHHHHHHHHHH.....' The sound that resembled a broken television became even louder and always caused a headache.

At this point in my literature review, I have shown you my engagement with various psychological theories regarding the use of touch in counselling and psychotherapy. I also discussed how my attempt to engage with these theories did not help me to gain a better understanding of my experience of hugging the client. Instead, what I had originally thought turned out to be true – my belief that the hug could support the client in enduring her loneliness was challenged, and I no longer had the confidence to argue for its trueness. Moreover, I realised the limit of theories that could only provide superficial knowledge of my experience. Notably, I found a gap between theories and my experience. I thus became curious about other counsellors and psychotherapists' experience of touch. I wanted to know how others perceive and experience physical contact with clients. I thus started another round of literature reading.

2.2 A Therapist's Perception and Experience of Touch

2.2.1 Processing Difficulty

Through reading other researchers' studies on counsellors and psychotherapists' experiences of using physical contact in practice, I realised that I was not the only practitioner who struggled to process her experience of physical contact with the client. According to the existing research, these experiences may trigger a feeling of shame and confusion in some therapists and counsellors. They find it difficult to reflect on and process their experience while coping with the emotional consequences of their actions.

Harrison, Jones and Huws (2012) observed that therapists became cautious when talking about their experiences of touching clients. A therapist mentioned experiencing uncomfortable emotions: "There was almost a slight feeling of shame. I remember thinking maybe my colleagues around me think this is what happens with all my clients (Sylvia)" (Harrison, Jones, & Huws, 2012, p. 284). A similar phenomenon was also observed in other studies. Feelings of anxiety and confusion were observed during interviews that focused on a therapist's use of touch (Tune, 2001; S. Williams et al., 2011). Many therapists were unable to discuss their experiences of touch with their colleagues and peers. According to William, Clarke and Gibson (2011) many of the therapists interviewed voiced uncertainty about their use of touch in practice.

All these studies attributed the practitioners' difficulty to the professional atmosphere that deems touch to be taboo and to a lack of adequate training. Harrison, Jones and Huws' (2012) study echoes Stenzel and Rupert's (2004) theories in arguing that current counselling training tends to focus on the risks of physical contact. In their opinion, overly emphasising the possible risk means many therapists consider touch as being a tool that should not be used and thus avoid discussing their experiences with others. Tune (2001) criticises counselling training for not paying enough attention to the issue of touch, which means counsellors and therapists are not adequately prepared for facing possible physical contact in practice. Moreover, the sense of taboo in relation to touch also causes anxiety in counsellors. Many scholars suggest that trainers and supervisors should be more open to using appropriate physical contact with clients, and make more of an effort to explore this issue. Indeed, trainer and supervisor's attitudes and professional training have a significant influence on therapists and counsellor's perceptions of the use of touch. The result of Milakovich's research (1998) shows that therapists who have engaged in training about touch are more likely to use touch in their practice. In addition, therapists who have permission to touch from authority figures, such as a supervisor or training tutor, are more likely to apply touch in their practice.

However, I do not think therapists and counsellors' struggle of comprehending their physical contact experiences can simply be solved by a change in training programmes or a shift in trainers and supervisors' attitudes. The reasons behind therapists and counsellors' inability to process their experiences of touch are more complicated. My individual supervisor's disapproval certainly increased my anxiety and difficulty in processing my own experience of hugging my client. However, I also received permission and support from my group supervisors, tutors and other peers. Particularly, I possessed the opportunity to further explore my experiences in my peer group supervisions, in conversations with tutors and in private conversations with others. Yet, my anxiety of using touch still remained. Thus, it seemed that there were still other factors that could cause a therapist's difficulty of understanding the experience of physical contact in a therapeutic context. In my opinion, what needs to change in order to enhance counsellors and psychotherapists' ability to process this kind of experience is to improve the way we subjectively understand the experience of physical contact in practice.

2.2.2 Therapists' Subjectivity

Scholars have published various papers in order to help counselling and psychotherapy practitioners to develop a better understanding about the issue of physical contact. In addition to the theoretical explanations of the meaning of touch, such as the person-centred and psychodynamic perspectives mentioned above, some pieces of literature explored how to access the meaning of touch for clients and whether touch can be appropriately used (Goodman & Teicher, 1988; Mintz, 1969a; 1969b). Some suggested psychotherapists and counsellors consider the ethics of physical contact (Calmes, Piazza, & Laux, 2013; Durana, 1998; Holub & Lee, 1990; Hunter & Struve, 1998). Others shared their experiences of touching or not touching their client in order to develop their theoretical arguments of physical contact in practice (Bosanquet, 2006; Casement, 1982; Galton, 2006; McLaughlin, 2000; Sinason, 2006). However, in

these articles, when the cases of physical contact are explored, counsellors and psychotherapists' subjective experiences are largely overlooked, as if physical contact serves as a one-way path by which therapists and counsellors communicate *to* or impose *on* their clients. Therapists and counsellors' subjectivities are only mentioned as a negative quality that will lead practitioners to meet their own need by touching their clients. Otherwise, therapists and counsellors' experiences are usually defined as the result of receiving clients' nonverbal expressions. Consequently, our understanding of the experience of touch is limited when discussing therapeutic relationships and clients' subjectivity.

This way of understanding the meaning of touch always reminds me of my undergraduate training, which taught me how to access others using the Wechsler Adult Intelligence Scale. I was expected to standardise my language, the order of presenting the questions and the speed of process in order to maximise the reliability. I did not feel like a human being but a machine in the process. However, in counselling and psychotherapy, practitioners are not machines or objects, but human beings who unavoidably perceive things subjectively. Thus, psychotherapists and counsellors' experiences of physical contact in practice are not only the result of therapeutic relationships and each client's internal material, but these are also influenced by each practitioner's own subjectivity. My experience of hugging my client was not influenced solely by our therapeutic relationship and her internal material, but it was also constructed by my own subjective perceptions of physical contact with others. Therefore, since I found a practitioner's subjective experience of physical contact in practice to be usually neglected in the existing theories and literature, I also felt my professional experience was *untouched* or was only explained partially by these studies. In my opinion, counsellors and psychotherapists will not be able to solve their professional struggles with the appropriate use of physical touch if they do not understand the complex role individual subjectivity plays in their experiences of touching clients in practice. After all, how can we understand our experience without acknowledging our individual

existence? I thus argue that in order to enhance counsellors and psychotherapists' understanding of the issue of physical contact, we need to acknowledge a practitioner's subjective self and consider its impact when exploring the issue of whether or not to utilise touch in therapeutic practice.

In fact, studies have shown that therapists and counsellors' perception of touch is influenced by their subjective experiences, although these results are seldom taken into account when exploring practice cases. According to the existing research, counsellors and therapists' perception of touch is affected by their theoretical orientation, social-cultural norms and personal histories. In my opinion, these factors not only affect how counsellors and therapists regard the use of physical touch, but also make it difficult for practitioners to feel certain about how they are using physical contact in practice. Next, we are going to explore each factor and how they cause therapists to potentially struggle when processing their experiences of utilising physical contact with clients.

Theoretical orientations

Some researchers found that a practitioner's theoretical values have a significant impact on their beliefs regarding touch (Clance & Brown, 2001; Clance & Petras, 1998; Holroyd & Brodsky, 1977; Stenzel & Rupert, 2004). The result of Holroyd and Brodsky's 1977 study shows that humanistic therapists held a more positive attitude towards non-erotic touch than psychodynamic therapists. Humanistic therapists also use non-erotic touch more often. The same result was recently found in Stenzel and Rupert's 1994 study (Stenzel & Rupert, 2004). Other studies also indicate that practitioners often refer to their theoretical understandings when talking about their own perceptions of using touch in psychotherapy (Clance & Brown, 2001; Clance & Petras, 1998; Harrison et al., 2012). In addition, as mentioned earlier, Milakovich's study (1998) indicates that therapists' perceptions of using touch in practice are significantly influenced by their trainers and supervisors' attitudes. In contrast, I argue that an individual's theoretical orientation is a value system that develops therapists and counsellors' perception of touch. Counsellors and psychotherapists learn

their theoretical values from their training and apply these values to their professional practice. In other words, theoretical belief is a subjective factor that therapists and counsellors bring to therapeutic relationships that affects both practitioners' use of touch and their perceptions of it. Therefore, therapists and counsellors who believe in different theoretical orientations usually have different understandings regarding the meaning of physical contact, and this is the reason that my individual supervisor, my group supervisor and I each held different beliefs about the meaning of hugging my client.

Social-cultural norms

Research shows that social and cultural norms influence therapists' attitudes (Clance & Petras, 1998; Holroyd & Brodsky, 1977; Stenzel & Rupert, 2004). For example, in Holroyd and Brodsky's 1977 study, when compared with female therapists, male therapists were much more likely to use touch when working with clients of the opposite-sex (Holroyd & Brodsky, 1977), however, when Stake and Oliver (1991) explored a similar issue much later, there was no significant difference between female and male therapists' views. After more than a decade, the result in Stenzel and Rupert's research once again demonstrates gender differences in the use of touch (Stenzel & Rupert, 2004); it is shown that female therapists are more likely to touch clients, especially female clients. The incoherence of the research results could be due to societal change and a greater awareness of the matter of professional sexual conduct (Mearns et al., 2013; S. Williams et al., 2011). Stake and Oliver (1991) also suggest that social opinions on sexual contact in the caring professions could have a key impact on male therapists' attitudes and behaviours. Male therapists are likely to be more aware of the risks, and so they are also less likely to use or to report erotic touch (Stake & Oliver, 1991). Based on these research arguments about the gender differences in practitioners' use of touch, I suggest practitioners' perceptions of physical contact in practice are significantly influenced by their perception of the social-cultural norm.

My experience of studying abroad in a foreign country has heightened my awareness of how cultural differences have affected my perception and experience of physical contact. For example, in terms of physical contact, people in the UK often shake hands or hug when they greet, whereas people in Taiwan are less likely to use physical contact during this kind of greeting. The meaning and the usage of touch are influenced by cultural and social contexts (Cranny-Francis, 2011; Hunter & Struve, 1998; S. Williams et al., 2011). Cranny-Francis indicates that our ways of touch are regulated by 'the tactile regime of a society or (how) a culture identifies (with the use of physical touch)' (2011, p. 468). Society and culture define the appropriateness of various types of physical contact in different relationships. In other words, the type of physical contact between two people illustrates the quality of their relationship. For example, if a woman and a man are holding hands, we assume they are in an intimate relationship, such as a parent-child or couple relationship.

Hunter and Struve (1998) also suggest the cultural impact of touch. Unlike Cranny-Francis (2011), who explores the meaning of touch, they draw more attention to the usage of touch. While Cranny-Francis (2011) refers to the cultural regime and how it relates to the concept of connection, Hunter and Struve (1998) emphasise the influence of cultural norms on physical boundaries: 'Culture creates the basic frame work that prescribes the fundamental boundaries for the appropriate and inappropriate use of touch' (p. 85). For example, there is a Chinese idiom, "nán nǚ shòu shòu bù qīn" (男女授受不親), which translates as, 'men and women do not touch each other when passing or receiving'. This idiom is from the ideology of a Confucianism philosopher, Mencius, who has had a big impact on Chinese and Taiwanese culture. The conservative values in Taiwanese culture disapprove of physical contact between men and women unless they are close family members. Although the foci of Cranny-Francis (2011) and Hunter and Struve (1998) are slightly different, I believe they all identify the significant impact of culture on the meaning of touch. Culture affects people's perception of personal space, and

defines their understanding of touch and relationship. For example, if the use of touch breaks one's boundaries, then the meaning of touch is interpreted as invasive. In addition, culture also provides a forum to which we can refer in order to know how to appropriately connect (relate) to others through touch.

Even though the issue of cultural differences in the use of touch has been mentioned in some psychotherapy research, its influence on therapists and counsellors' experiences of physical contact has seldom been reflected on when researchers and practitioners try to understand implications in real practice. In the current existing literature, only the therapists and counsellors who practice away from their original country have reflected on cultural influences on their perceptions of touch (Clance & Petras, 1998; Holder, 2000). For instance, Holder (2000) shares his experience of the cultural differences illustrated by the act of hand-shaking. When he moved from Switzerland to the UK, he learned that British people do not shake hands as often as Swiss people do. His habit of shaking hands at the beginning and end of each therapy session was questioned by his training analyst. He felt hurt at the beginning, but gradually adapted to the new culture and restrained his habit of shaking hands while working in the UK. Apparently, Holder's cultural background had an impact on his perception and experience of shaking hands. Moreover, his story shows that practitioners' social-cultural values about physical contact might conflict with the values embodied by counselling or psychotherapy training. Holder's story made me wonder how my social-cultural background had impacted my subjective experience of hugging my client, and whether my social-cultural values regarding physical contact were challenged by the theoretical perceptions that I had learned in British counselling training.

My experience of practicing in a foreign country has made me particularly aware of the impact of my original social-cultural background. However, I argue that social-cultural influences affect not only practitioners who practice in foreign countries, but also influence all counsellors and psychotherapists. Every practitioner brings the values that he/she developed in his/her own social-

cultural context into his or her own work. Social-cultural values define the meaning of physical contact and influences therapists and counsellors' experience of touching clients. Therefore, the conflict between social-cultural values and the inherent values present in psychotherapy and counselling can affect every counsellor and psychotherapist.

Personal histories

Another factor that has often been overlooked but still makes a great impact on counsellors and psychotherapists' experience of physical contact in practice is each individual's personal history. Counsellors and psychotherapists' personal histories with physical contact also play a significant role that influences their experiences of touching clients in practice. As I argued earlier, many researchers articulate that physical contact between practitioners and clients serves as a one-way experience, which is basically a behaviour that a therapist or a counsellor imposes upon a client. However, I argue each practitioner's experience with physical contact is not a one-way experience, but a two-way experience.

During the use of physical contact, a practitioner experiences touching the client while also being touched by the client. As Cranny-Francis argues, 'It is at once a touching and a being touched' (2011, p. 467). When a therapist touches a client, in a way the therapist is also touched. Nicola Diamond (2006) believes these two aspects of the touch experience never totally merge; they are different but difficult to differentiate. Through the experiences of touching the other, we recognise our own skin and body boundaries while we are simultaneously *joining* with another. When we touch others through physical contact, we *get in touch* with a part of our own selves. In addition to experiencing self through physical contact, Diamond argues that our experiences of touching/touched are affected by our histories of 'tactile relations with others' (2006, p. 86). She later describes the idea further, saying:

I suggest that there are, in the content of a particular interpersonal historical situation, subtle feelings of touch, discriminate and differentiated,

remembered in being and feeling, touched and touching. Tactile sensory experience and bodily memory go together and are rooted in action. (Diamond, 2006, p. 86).

When a therapist touches a client, the experience is not simply about the client because a part of the therapist's self is also being touched. Through touch the therapist's tactile experiences are recalled. The memories of caring touch, abusive touch or differentiated touch interplay with the therapist's direct experience of touching the client. Emotions relating to a specific memory might also be evoked. A therapist's tactile counter-transference shapes their experience and feelings of physical contact with his or her clients.

The influence of personal experience on counsellors and psychotherapists' experiences of physical contact in practice is also demonstrated by Milakovich's (1998) research. First of all, the research result shows that if therapists have experienced body therapy, or have positive experiences of touch in their personal therapies, they are more likely to use touch in their own practice. In addition, Milakovich notices that if therapists have experienced physical/sexual abuse in their private life it could influence their theoretical orientations and their perceptions of the use of touch in psychotherapy. The therapists interviewed often stated that abuse experiences led to a higher awareness of the impact of touch. It has been shown that therapists who have had experiences of being sexually or physically abused tend to practice within the humanistic theoretical frame. In addition to the influence of personal experiences on therapists' perception of touch in practice, Milakovich's study also proposes that personal experiences could cause therapists' struggle to comprehend their own perception of touch. According to his study, humanistic therapists who reported a history of sexual or physical abuse are more likely to touch their clients. On the other hand, many psychodynamic therapists held an ambivalent attitude toward the use of touch when they also reported a history of sexual or physical abuse. Milakovich suggests the therapists' ambivalence about the use of touch

could be due to their theoretical orientations being incoherent with their own experiences.

Milakovich's (1998) finding about the impact of abuse experiences on therapist's attitudes is worth further investigation. The incoherence between theoretical understandings and personal experiences is a possible reason for therapists' ambiguity about the use of touch. I believe therapists' ambivalence could also result from therapists' unresolved issues relating to physical contact. For example, it is generally understood that abuse damages a person's sense of physical boundaries. Therapists who experienced abuse in the past might still be confused about their own physical boundaries and thus feel unable to process and understand the meaning of physical contact with their clients. It seems that Milakovich considers psychodynamic perspectives to oppose the use of touch. Yet, as mentioned in the previous section, there are different arguments about the use of touch in the psychodynamic school. Relational models contain a relatively positive attitude toward physical contact in therapy. If a psychodynamic therapist feels positive about using touch based on his or her personal experience it is, therefore, possible for him or her to find theoretical grounding for its use in a therapeutic context. Taking my experience as an example, I had no issue with finding a suitable theory to support my decision to hug my client. I was familiar with relational models and often applied these models when attempting to understand my practice. Yet, I still did not fully understand the overwhelming feelings I experienced after choosing to provide hugs for my client in my efforts to provide support and increase her sense of security. Therefore, I believe it is also possible that practitioners' personal experiences may cause some unresolved issues relating to physical contact and its use in professional practice. As the debate over the use of touch is particularly intense in the psychodynamic school, these tensions in psychodynamic concepts thus trigger and reinforce therapists' personal ambivalence and confusion about physical contact with others.

In the final portion of this chapter, I have explored how the three components of theoretical orientations, social-cultural background and personal experience provide value systems that affect therapists and counsellors' subjective perceptions of physical contact with their clients. I have also pointed out how these systems sometimes suggest different values and beliefs that create conflicts and potentially cause practitioners' difficulty in comprehending the issue of touch in practice. Specifically, the particular way a practitioner's social-cultural background influences her or him to assess physical contact can be different from the theoretical orientations in which she/he is trained. This kind of conflict can happen in between any of these subjective value systems. In addition, I argued that sometimes counsellors or psychotherapists' confusion about the issue of touch can be the result of his/her own unresolved personal issues relating to physical contact with others. Thus, I argue exploring these three components further will help therapists and counsellors to have a better understanding about how they utilise and regard the use of physical contact with clients and thus resolve their difficulty with comprehending the experiences.

2.3 Conclusion

My difficulty with comprehending my own experience of hugging a client has motivated me to produce a stronger understanding regarding the issue of physical contact in the fields of counselling and psychotherapy. However, the part of my experience that can be explained by existing theories is limited. Thus, I was not able to deepen my understanding about this experience by either applying my training in psychodynamic or person-centred concepts. I thus became interested in exploring how other psychotherapists and counsellors understand their experience of touching their clients in practice. Existing studies show that other therapists and counsellors also struggle to reflect and make sense of their own experiences of physical contact with their clients. (Tune, 2001; S. Williams et al., 2011) These researchers suggest the difficulty is the result of the professional atmosphere that discourages the use of touch in

practice, and the lack of training that prepares practitioners to deal with the issue of using physical touch as a therapeutic tool. However, I argue that attributing therapists and counsellors' struggle of comprehending physical contact experiences to a professional atmosphere and a lack of adequate training has oversimplified the root cause of this kind of struggle.

Through exploring the impact of counsellors and therapists' subjective values on their perceptions of physical contact in practice, I suggest the reasons causing practitioners' difficulties with processing these experiences can be much more complicated. Counsellors and psychotherapists' theoretical beliefs, social-cultural values and personal experiences have a significant impact on their perception of the meaning of touch. These subjective components sometimes form different perceptions about physical contact and these perceptions conflict with each other. I believe the conflict is the cause of counselling and psychotherapy practitioners' struggle of comprehending their physical contact experiences. It is also possible that practitioners' personal issues relating to physical contact have caused difficulty with comprehending the meaning of touch and being touched by their clients. Although existing literature has presented the issue of using touch in practice from various angles, therapists and counsellors' subjective influence on their experience of touch has been overlooked. Thus, they are unable to find adequate research that will help them to explore their difficulty of understanding physical contact experiences. I argue it is important to integrate the influences of a practitioner's theoretical beliefs, social-cultural beliefs and personal issues when attempting to understand their experience of using physical contact in counselling and psychotherapy practice. Therefore, the purpose of this research is to explore the dynamics between practitioners' personal subjective values which may have an impact on their experience of touch, in order to enhance a deeper understanding of these experiences.

3. Listen to the Heart – Finding the Right Path

Helen Longino, a feminist philosopher who influences my ontological and epistemological beliefs, argues, 'There may be multiple epistemically acceptable correct (i.e., conforming) representations of a given phenomenon or process. Which among these count as knowledge on which to act depends on the cognitive goals and particular cognitive resources of a given context.' (Longino, 2002, p. 207) According to Longino, what can be considered as knowledge and the way in which we may access particular knowledge is context dependent. In other words, in different areas, people may have different opinions about what should be known and how to know it. Therefore, when a researcher asks a research question and designs a method to find an answer, he/she needs to reflect upon the context to which the research contributes. Holding this idea in mind, in this methodology chapter, I will present tools which can be used for exploring practitioners' subjective values and how they contribute to their perceptions and experiences regarding physical contact that occurs within the context of counselling and psychotherapy learning. Then the basic idea of the method, the reason for using the method, and how the method is used will each be explored in detail.

3.1 What Helps Us Understand?

3.1.1 Experience Immersion

It is tempting for me to generalise an explanation that could help account for the therapist's struggle with processing their experiences of touch while engaging in practice. Part of me believes that having a useful theory is like possessing a map that helps guide a person through a confusing maze. Applying theories as a structure in which I may confidently explore the issue I experienced in practice

has always been a way for me to learn in my training. If I could try to discover all the social-cultural and personal factors that influence practitioners' subjective perceptions of the experiences of physical contact with others, I could then advise practitioners to reflect upon each factor when exploring their physical contact experiences in practice. Yet, is it that simple? I have learned that what we can understand from applying existing theories is limited. When I was searching for the meaning found in the action of hugging clients, the existing theories did not help me to solve my confusion. Instead, as different theoretical concepts argued differently about the meaning of touch, I became even more confused. The level of understanding that existing theories can provide and how it can help us to solve our issues is inadequate.

In my practice, I often have clients who have read about the theories related to their own issues, but they are still unable to effectively apply this knowledge and make any change. Moreover, although I often have some theoretical explanations for clients' struggles in mind, these explanations only serve as different points of views and a general foundation from which we may begin. As Wright and Bolton (2012) argue, '...no one therapeutic theory has all the answers.' (p. xiii) In my own therapeutic practice, the most important factor that helped my clients to solve their struggle was not found in theoretical explanation, but through their own relating emotion and experience gained through our therapeutic relationship. In order to improve our understanding, counsellor and therapists have to be like clients, allowing ourselves to become immersed in our experiences and emotions so that we may learn from them and, by doing so, improve the quality of our practice.

3.1.2 Audience's Self-Awareness

Furthermore, in the literature review chapter, we saw that researchers have in fact presented some subjective factors that may impact counsellors and therapists' perceptions and experiences of touch in counselling. However, what is missing in the research field is the inclusion and consideration of therapists

and counsellors' subjectivity when exploring real experiences of touch in practice. Therefore, my efforts to generalise possible factors do not meet my goal to provide a useful new perspective; instead my research goal focuses on the development of an understanding process that takes practitioners' subjectivities into account. I do not believe it is possible for me to come up with a process map that can help every practitioner to understand his/her experience. This is because our subjective histories and values are always different for each person. Even people who grow up in the same social-cultural environment or family context can have very different personal experiences relating to physical contact with others. Moreover, the experience of touch is an intersubjective experience, and a practitioner's own physical contact experience is also influenced by the therapeutic relationship. Thus, the character of the therapeutic relationship will lead to practitioners having different subjective experiences.

Writing here, I recall Marcia Grad's book, *The Princess Who Believed in Fairy Tales* (Grad, 1995). In this story, a princess goes on a trip in order to find *truth*. After the princess is lost in the Land of Illusion and cannot understand what happened, the owl who taught the princess to heal her broken heart tells the princess she is lost because she has been using another person's map. The owl says to the princess, '...the trip is different for everyone. What is the right path for one may not be the right path for another. Only one's heart knows...But when faced with the forked path, you didn't listen to your heart. Instead, you relied on someone else's idea of which way you should go. That's precisely how one gets lost.' (pp. 131-132). This story conveys the idea that everyone's journey of finding *truth* is subjective. Relying on other people's theories may not guide us to our truth, but might instead lead us to experience deeper confusion. Yet, it does not mean that we will not be able to learn from others' experience. This story tries to remind us to be aware of the different contexts that will bring diverse experiences and to encourage us to face and confront our own situations. We cannot see another's arguments as universal truth. As I was unaware of the influence of my subjective context when searching for the

meaning of hugging the client, I saw others' arguments about how they perceive and experience touch should be the way I also should have followed. Therefore, I sometimes felt I had made a huge mistake when reading the arguments that oppose my own experience. On the other hand, I felt relief when I saw researchers argue for the same beliefs as those I hold. My mood fluctuated while processing these different arguments and my confusion was not resolved by searching through various theories and academic studies.

3.1.3 The Power of Story Telling

So what else can we learn from others if the understanding that theories can provide is limited, and other people's maps will not necessarily lead us to our own truth? How can I as a researcher conduct a study that encourages my audience to become immersed in their emotions and experiences so that they may learn from studying the application of their subjective realities? How can I illustrate a process that facilitates my audience to process their physical contact experiences but does not claim itself to be universally truthful so the audience members are thus provided the space to explore their own subjective experiences? After pondering these questions, I decided that what I want to contribute through this research can be achieved using the method of storytelling.

In the third year of my undergraduate in psychology, I read a book written by a group of young people who suffered from the loss of family members to suicide. I was strongly moved by the book and decided to conduct qualitative research on the topic. Therefore, I interviewed a person whose close family member had ended his life. My experience of conducting the research was powerful and thought-provoking. Her story not only challenged my original thought about the issue of suicide, but also stimulated my memories about the experience of losing family members and friends. In addition, although I had already learned some theories about people's experience of loss, the story my research participant shared helped me to understand her family's suffering at a deeper level than

that I was able to gain through reading theories. When it came time to present my research results to my peers, I tried to maintain the power of her story by reiterating my participant's words, playing music (which was chosen by my participant), and creating an aesthetic power point designed to provoke a similar emotional impact on my peers. To my delight, I saw that my audience was touched as I had intended. My peers actively discussed their thoughts and feelings about my presentation, and I felt they had been influenced by my participant's story as I had. This kind of presentation was made possible through my use of creativity which was supported by a qualitative approach and, due to its impact, changed my professional focus. Specifically, my experience of conducting qualitative research and presenting this kind of data enabled me to empathise with my counselling clients' experiences of loss. I also started to work in a suicide prevention centre as an additional consequence of conducting this qualitative study. The implications of conducting qualitative research can be transformative and, as illustrated by my research experience, its application helped me to recognise the power of this kind of approach.

The potential of storytelling, which is also called narrative in academic literature (Speedy, 2008), has been suggested by scholars. It is believed that narratives stimulate the transformation in the narrator and in his/her audience (Dallos, 2006; McLeod, 1997; Speedy, 2008; White, 2007; Wright & Bolton, 2012). Sharing and re-presenting a story helps the storyteller to see their story from a distance, so he/she may examine and re-construct the meaning of the stories (Dallos, 2006; McLeod, 1997; White, 2007; Wright & Bolton, 2012). Moreover, through listening to the story, the audience can better understand how the storyteller made sense of their experience. They could also relate their similar experiences to the story and learn a new form by which they may understand their own experiences. Researchers also believe that sharing stories can affect the society in which the story is located (Etherington, 2004; Speedy, 2008). Consequently, I have chosen autoethnography as my methodological approach. I believe by using this research method to compose and share a well-crafted story that illustrates my own process of integrating

various subjective values into my understanding of the use of physical contact in counselling practice, I will be able to provide a new way for psychotherapists and counsellors to understand their own experiences. In the next section, I will present how storytelling and narrative are integrated in the method of autoethnography, and argue that, by using this approach, I may help transform other practitioners' perceptions of how they may also utilise and understand their use of physical contact in counselling practice.

3.2 Autoethnography

3.2.1 Rationale of Autoethnography

Inspired and supported by the arguably transformative qualitative research methods of narrative and storytelling, autoethnography can be understood by analysing the literal word *autoethnography*: 'Autoethnography is an approach to research and writing that seeks to describe and systematically analyse (graphy) personal experience (auto) in order to understand cultural experience (ethno)' (Ellis, Adams, & Bochner, 2011, p. 1). However, based on this basic idea, the term autoethnography has been used in various ways in the academic world.

According to Reed-Danahay (1997), there are three types of studies claiming to be autoethnographical. The first one is *native autoethnography*. In this type of research, an ethnographer studies the group to which he or she belongs. The second type is *ethnic ethnography*. For this type of research, members of the researched ethnic group are invited to narrate their own stories. The stories then are used in the study. Finally, there is also *auto biographical ethnography*, in which a researcher discloses his/her personal experiences in a research paper. The term *autoethnography* as used in this thesis refers to the last type suggested by Reed-Danahay, which means that I as a researcher will disclose my personal experiences relating to physical contact and explore these in relation to my simultaneous cultural contexts. Therefore, I will play the role of the

researcher and the researched, or as Ellis (2009c) describes, 'I am the person at the intersection of the personal and cultural, thinking and observing as an ethnographer and writing and describing as a storyteller.' (p. 13) Ellis' description of auto biographical autoethnography includes three aspects. The first aspect is to experience the dynamic between the researcher and their culture. The second aspect is to observe and understand what the researcher as subject is experiencing. The third aspect is to share the researcher's experiences and their understanding of it. Applying these three aspects to this research, my role as an auto biographical autoethnographer is to experience the interplay between my personal beliefs, the social-cultural norms to which I adhere and my counselling theoretical values, so that I may observe and understand this interplay from a slightly distant position, and to illustrate and explain my perceived experience of interplay to my audience.

As autoethnographers position themselves as the storyteller/narrator, autoethnography is usually presented in the first person-voice (Adams, Jones, & Ellis, 2015). You might notice that the first-person voice has been used from the beginning of my thesis. This is different from many other academic papers where the researchers/writers are invisible. In contrast, I present my reflections and arguments from an openly subjective position. However, in addition to using the first person-voice, the second-person and third-person voices are also used in autoethnography (Adams, 2008). The second-person voice, or 'you', is usually used when communicating with research audiences. By involving a second-person voice, an autoethnographer tries to involve their audience into the dialogue, which ideally causes the audience to think and reflect on their own subjective position. On the other hand, the aim of using a third-person voice is to create a distance from the illustrated experiences. It provides a different angle from which to perceive the experiences. Wyatt (2006) also suggests that using a third-person voice can create a psychic distance that allows the research audience to witness private or traumatic experiences without feeling overly involved and/or experiencing discomfort. In this thesis, I

will move in between these three voices in order to facilitate different aspects of understanding my physical contact experiences.

Conducting autoethnography is both familiar and challenging for counsellors and psychotherapists. While autoethnography explores how cultural norms influence personal experience, counsellors and psychotherapists also try to understand how a client's cultural background influences current experiences (Etherington, 2004). Yet, even though this way of thinking is familiar for practitioners, autoethnography is still challenging as it requires the narrator to focus on her/himself. In the current paper, although counsellor researchers and psychotherapist researchers are accustomed to using the first-person voice in their writing, the subject of the stories is often the clients rather than the practitioners themselves (Speedy, 2008). This argument resonates with that which I presented in the previous chapter. Specifically, researchers have largely overlooked counsellors and psychotherapists' subjectivities when exploring physical contact experiences in practice.

The reason I chose to focus on my own stories of physical contact is because I believe this will be the most effective way I can show you a complex and layered understanding. It was not an easy decision, as at the beginning I did not want to share too much about myself. For a while, I considered interviewing other counsellors and psychotherapists and using their stories, instead of telling my own. However, I later realised this approach would not lead to a deeper understanding. First of all, while I felt vulnerable and reluctant about disclosing myself in this thesis, I realised that I as a researcher and practitioner was motivated by my own struggle with processing the use of physical contact in practice. I doubted whether it would be fair or useful for me to hide behind the curtain and ask others to stand under the spotlight, while I was driven by my own struggle. Being influenced by feminist arguments regarding the inherent power imbalance between researcher and research participants (Finlay, 2003), my earlier idea to not disclose my story but instead require my interviewees to disclose their own experiences seemed to increase this power difference.

Moreover, the negative attitude toward touch found in the counselling and psychotherapy professions, which I presented in the previous chapter, might also have reduced the interviewees' desire to disclose their physical contact experiences. The interviewees may have thus chosen to not share some aspects of their experiences. At the same time, even if the interviewees had been willing to share their experiences, the depth of the understanding would still not be greater than exploring my own experiences, as I would be required to interpret their experiences through my subjective lens of understanding (McLeod, 2011). However, thick and complex understanding is what I would like to contribute through this thesis. Therefore, since my own confusion caused by my experiences of using physical contact in practice remained unresolved, I decided to focus on my own story rather than interviewing others. For these reasons, I argue that my choice to use an auto biographical autoethnography approach is more ethically and methodologically correct.

In addition to the considerations regarding the issue of power and the depth and layered nature of knowledge, there are other reasons that led me to apply autoethnography as my research method. The purpose of autoethnography and what it can achieve matches what I would like to offer in this research. First of all, in this research, I aim to explore personal and social-cultural influences on the experience of touch in order to better understand psychotherapists and counsellors' experiences of touch in practice. Autoethnography provides an access for researchers so that they may explore 'the interplay of introspective, personally engaged selves and cultural beliefs, practices, systems and experiences' (Adams et al., 2015, p. 17) Compared to other methods of inquiry that also use a researcher's personal experience as research material, autoethnography pays more attention to the interplay between an individual and their social context. One important task for an autoethnographer is to be consciously aware of social-cultural influences while reflecting on personal experiences (Chang, 2008; Ellis et al., 2011; Spry, 2011).

Secondly, I have argued that immersing ourselves in our experiences and emotions will provide a different level of understanding that theories are unable to offer. This argument is parallel to the values embodied by autoethnography. The ideas of autoethnography are significantly influenced by postmodernism and post-structuralism (McLeod, 2011). The development of autoethnography resulted from scholars' awareness of the limits of scientific study. The elements that used to be considered as bias, such as personal emotions, are now recognised to be playing significant roles in social life. The researchers therefore started to value different approaches of gaining knowledge. For example, they believe people can access knowledge through alternative approaches that utilise emotions, and bodily experiences, rather than dismissing or ignoring these variables (Adams et al., 2015; Ellis et al., 2011). For example, Spry (2011) emphasises the importance of embodied knowledge. In her opinion, 'Embodied knowledge is gained by paying close somatic attention to how and what our body feels when interacting with others in context' (p. 64). She even argues embodied knowledge is the foundation of the autoethnography. Spry indicates that paying close attention to her embodied experiences has helped her better understand her experience of losing a child. Ellis and Bochner (2000) point out that in autoethnographies, 'concrete action, dialogue, emotion, embodiment, spirituality, and self-consciousness are featured, appearing as relational and institutional stories affected by our history, social structure, and culture, which themselves are dialectically revealed through action, feeling, thought, and language'. (p. 739) Using autoethnography as a method not only encourages the researcher to immerse him/herself in his/her experiences and emotions, but also involves the readers on emotional and experiential levels (Preez, 2008). Trough argues that narrating experience using the first-person voice, and illustrating emotion, body experiences, feelings and situated context in detail, allows autoethnography audiences to be emotionally drawn into the autoethnographer's world and to experience the world from this individual's point of view (Adams et al., 2015; Ellis et al., 2011). Moreover, autoethnographers also craft the story in a way that can evoke the audiences to reflect on similar personal experiences (Ellis, 2013; Méndez, 2013).

Last but not least, in this research I would like to provide a process of understanding physical contact experiences, yet I again do not intend to claim the process contains universally useful phases to follow. I want to leave enough space for the audience to reflect on their own experiences and social-cultural context, and to agree or disagree with the process I suggest. Similarly, the purpose of using autoethnography as a research method is not to generalise theories that would be useful for everyone. Autoethnographers believe a researcher's subjectivities and emotions unavoidably influence the research. They argue that the researcher experience, the questions a researcher asks and the knowledge a researcher claims to possess are all influenced by a researcher's personal and social-cultural context. Therefore, they are aware that audience members who are located in different personal and social-cultural contexts are likely to have different experiences and different perceptions. Since they are aware of the impact of subjectivity and different social-cultural contexts, autoethnographers emphasise the importance of a researcher's reflexivity. Adams, Jones and Ellis (2015) explain how autoethnographers incorporate reflexivity into their research by saying, 'Reflexivity consists of turning back on our experiences, identities, and relationship in order to consider how they influence our present work. Reflexivity also asks us to explicitly acknowledge our research in relation to power'. (p. 29) On the other hand, through exploring the experiences and the impact of subjectivity and one's social-cultural context, autoethnography also illustrates a process of understanding the researched experiences. The audience then can learn a new way of processing their own similar experiences from reading the autoethnographical work.

3.2.2 Criticisms of Autoethnography

Although I believe doing autoethnography can contribute valuable knowledge about the issue of touch to the psychotherapy and counselling professions, many scholars doubt and criticise the value of this research method. The most

common concern regarding this methodological approach asks: 'Is it research?'. (Ellis, 2009b; Méndez, 2013) Autoethnography is often criticised for not being scientific (Ellis, 2009b; Ellis et al., 2011). For example, Walford (2004) disapproves of autoethnographers' claims and their insistence upon involving their subjectivities in the research process. In his opinion, research should reduce the distortion of a researcher's subjectivity. He also doubts the truthfulness of the stories or dialogues presented in autoethnography. He criticises that stories might be falsified by an autoethnographer in order to answer his/her research question. However, I argue autoethnography is a kind of research.

It seems to me that those scholars criticising autoethnography for its lack of science still believe generalised theories to be the only kind of knowledge that research can produce. In earlier chapters, I made my opinion regarding this issue very clear. The understanding that we can gain by applying theoretical explanations is limited. A different kind of knowledge can be gained through immersing ourselves in our experiences and emotions. Similarly, autoethnographers believe that deductive theories cannot always predict a social phenomenon (Adams et al., 2015). They perceive social life to be composed of mess and chaos. There is no everlasting truth in social relationships. Therefore, what autoethnography attempts to provide is not generalised theories, but an accessible way for audiences to personally encounter the experiences presented. Moreover, as the awareness of social phenomenon is messy, chaotic and lacks universally coherent truth, autoethnographers have no intention to compel others to imitate the process. They are aware audiences come from various contexts and their presented process of understanding may not always be useful to them. This is the reason autoethnographers are very open about involving personal subjectivity in the research paper. Through visibly and openly presenting self, the boundaries between self and others are acknowledged. Through acknowledging these boundaries, the others can recognise their otherness and be themselves. Autoethnography provides a space for self to be self and others to be others and

enhances the possibility of communication and creating new understanding between these entities. Autoethnographers also aim to provide a kind of knowledge that is different from traditional research. In this sense, we should not evaluate autoethnography using the same assessments we use to evaluate other research which aims to contribute to generalised knowledge (Adams et al., 2015; Denzin, 2014).

Another common criticism of autoethnography is that it encourages researchers to be self-indulgent and narcissistic (Denzin, 2014; Ellis et al., 2011; Etherington, 2007; Méndez, 2013). For instance, Madison (2006) argues:

While autobiography and personal narrative – read and performed – have always inspired and interested me, once the label of ‘autoethnography’ was assigned, it felt like a contradiction in terms. Although I find the term politically problematic, it is not just the term that is a problem but the content of any work, particularly ethnographic work, where the rootedness and embellishments of the self diminish the thickness and complexities of the encompassing terrain. When the gaze is on one’s own navel one cannot see the ground upon which one stands or significant others standing nearby. (p. 321)

Madison questions the possibility of combining self-narrative with ethnography. From her point of view, by establishing personal experiences as the research focus, autoethnographers cannot be aware of the context they locate. In my opinion, the issue raised by Madison is not the problem of the research method itself. The purpose of autoethnography is to explore the interplay between individual and one’s social-cultural context. Autoethnographers do not only focus on personal experiences, but also move in ‘between self, other, and context’. (Spry, 2010, p. 280) Therefore, autoethnography as a research method does not have the problem which Madison proposes. What Madison challenges is actually an autoethnographer’s ability to be reflexive. *Navel-gaze* happens when an autoethnographer is overly drawn into their personal experiences, and

forgets to consider his/her relation with others and their social-cultural context. It can also occur when autoethnographers are not aware of the power he/she holds as a researcher and only conducts research for his/her own personal benefit. Etherington (2004) also suggests an autoethnographer can appear self-indulgent if the autoethnographer lacks 'the skills to ensure that the outcome is of aesthetic, personal, social and academic value'. (p. 141)

3.2.3 How to Do Autoethnography?

Doing autoethnography requires the researcher to be creative. As the concept of autoethnography acknowledges there are various ways to access knowledge, there is no solitary way of doing autoethnography. Autoethnographers are encouraged to apply various methods to explore their research topics (Ellis et al., 2011). Instead of regulating certain methods, autoethnographers are expected to undergo a fluid process that moves back and forth between the internal and external, between past and present, between self and others, and between experience and thoughts. Autoethnography usually begins with and is related to a researcher's questions about a significant experience in their personal life. During the research process, the autoethnographer is required to reflect upon his or her personal experiences about the researched phenomenon, including one's feelings, body, senses and thoughts. On the other hand, the researcher will also observe and explore related social dynamics, such as human relationships and culture (Adams et al., 2015; Chang, 2008; Ellis et al., 2011).

It is argued that doing autoethnography cannot be separated from writing autoethnography (Adams et al., 2015). Scholars particularly emphasise the presentation of autoethnography and expect it to be aesthetically sophisticated (Adams et al., 2015; Ellis et al., 2011; Gingrich-Philbrook, 2005). Autoethnographers hope to bring their audiences along as they travel between internal and external worlds so that they may share in similar experiences. Therefore, the point of engaging in autoethnography is to find ways to

effectively engage audiences (Adams et al., 2015; Ellis et al., 2011; McLeod, 2011). Ellis, Adams and Bochner (2010) claim, 'An autobiography should be aesthetic and evocative, engage readers, and use conventions of storytelling such as character, scene, and plot development'. (p. 10) They suggest an autobiographer can apply the techniques of *showing* and *telling*. The idea of *showing* is achieved by presenting conversations, photos or pictures etc. in order to involve the research audience and invite them to witness and share in the researcher's experiences. On the other hand, *telling* the stories or sharing social themes etc. allows audience members to observe the experiences from a distance. However, what they suggest presents only a few possible ways to produce autoethnography, there are many autoethnographers who apply different various skills when presenting their work.

I was nervous when I started to write this autoethnography. I was uncertain if I could write my thesis aesthetically. My lack of confidence is largely due to the fact that the language I am using is not my first language. Although my English is proficient enough to write course assignments (with some grammatical mistakes), as well as communicate with others and work with counselling clients, my ability to articulate this language is still not as proficient as a native speaker. Of course, while inviting help from a professional editor can solve grammatical issues, writing aesthetically in a second language seems to require abstract aptitude that is quite difficult to learn. In order to improve the aesthetic aspect of her research, when Stacy H. Jones was writing an autoethnography about adoption, she also learned to write *haibun* (Adams et al., 2015). Seeing the effort she made, I also tried to find a skill that would help to develop the aesthetic aspect of my autoethnography, as I felt limited by the constraints of a language that was not my native tongue while wanting to produce a meaningful and useful study. I asked myself, 'What kind of skills can be applied to my thesis, so it can become more emotional and experiential?'

The skills that originally came to mind were dance and music. I started to learn dance and music from an early age, and spent many years improving my skills

through the practice and instruction provided in classes. Although I stopped attending dance class many years ago, and seldom play my instruments, dance and music are still important elements in my personal life. I enjoy going to dance and music performances. I still dance and sing when I am in a good mood. Dance and music have become the aesthetic tools I utilise in order to experience the world and express my emotion. However, the kind of dance that I use to express my feelings feels very private to me. This kind of dance can only happen when I am in solitude. I never show this kind of dance to others, even my family. When there is an audience, I am reluctant to show my sense of self through dance, as it will cause a feeling of being overly exposed. On the other hand, it is easier for me to keep my sense of self when expressing my feelings through music. Even when I am with others, I feel comfortable with expressing my feelings through singing or playing music. It seemed music was a more familiar and effective way for me to communicate with others. Therefore, I decided to apply some music skills when facilitating communication at the emotional and experiential level in this study.

The skills I borrowed from music are the ways of organising different voices and the structure of presenting a story/piece, which I will demonstrate in the following section. Also, in order to further situate my audience in my autoethnographical work, I will now describe the voices that I am going to involve in my thesis, how I organise them, and how I structure the piece by these voices.

Voices

I decided to incorporate the voices of different selves in order to guide our exploration: the self as a counsellor, the more private voice from the private self and, finally, the self as a researcher.

- The counsellor self's voice: In this autoethnography, the counsellor self's voice will tell us about her experience of the session where the client asked for a hug. She will also talk about her perceptions of the therapeutic relationship and understand their interaction from a

practitioner's point of view. This voice presents my theoretical perception about the meaning of hugging the client. The material that helped me to compose the voice of the counsellor self are my case notes, personal journal and my memory.

- The private self's voice: A different point of view will be presented by the voice of my private self. She is going to share her subjective histories that are evoked by interaction with her client, and how these histories influenced her experience and perception of the hug request. The private self's voice narrates my personal and social-cultural perceptions regarding the meaning of offering and providing a hug. A dream, my personal journal and memories are the data used to compose this voice.
- The researcher self's voice: In addition to the two voices mentioned before, the voice I have used from the very beginning of this thesis – the researcher's voice – will also be involved in the whole narrative. The researcher self's role in this autoethnographic piece is to bring a slightly distant view to understand the experience of hugging the client. However, the researcher self does not put herself in the position of authority. Rather, she is still aware of the influence of the context in which she is located. While maintaining her reflexivity, the researcher self observes the interplay between the counsellor self and the personal self's perception using a wider context as reference. Her voice sometimes also emerges through a *researcher's note*, which is presented in brackets. It will look like this: (Researcher's note:). The researcher's notes present the researcher self's experiences, thoughts, questions and feelings when producing the autoethnographic piece. One of the purposes of sharing the researcher's notes is to acknowledge the researcher's subjectivity and how it influences what is presented in this autoethnography. Being an autoethnographer, I refuse to claim that my perception is the only truth, but one of many ways to interpret the experiences. Therefore, instead of hiding my own questions and struggles during the process, I present these to show that there are other possible ways to interpret the same story/experience. I expect that, by sharing my struggles and

questions, a space will be created to allow the audience to think independently.

I believe through inviting the three voices to share their perceptions regarding the experience of hugging the client, the audiences can not only *understand* but also *experience* the dynamics between theoretical beliefs, personal perceptions and social-cultural norms that construct and deconstruct my understanding of the event. They could also experience the incoherence between my professional experience of working with the client and my private difficulties with engaging in particular interaction. By allowing the counsellor self and the private self to talk about their experiences, I hope to reveal how the experience of hugging a client triggered my personal and cultural transference relating to physical contact. Furthermore, I aim to demonstrate how these personal and cultural experiences also play a part when they accompany a practitioner as s/he engages in psychotherapy or counselling relationships. Mizzi (2010) suggests that an autoethnographer applies multivocality which means assigning and presenting various voices of selves, in order to represent a researcher's complex subjectivity. He claims, 'When I write a multivocal autoethnography, the narrative voices encounter and build upon what each is saying and, through this process, they situate themselves either in agreement or contradiction with each other... The shared goal here is that by bringing attention to narrative voices, an open orientation towards the reader emerges whereby the reader may become emotionally involved with what is being said.' (p. 7)

Organising voices

The idea of showing the incorporating different voices reminds me of the experience of singing in a chorus. In a chorus, different sections of voices cooperate to present a song. At first, I thought I may apply the structure of a vocal chorus to present the voices of selves. This idea soon proved to be inadequate. The aim of a chorus is to combine various voices in order to compose a harmonious sound. Yet, the purpose of this research is not making two voices sing harmoniously. Instead, my research study looks for the

dissonance between different voices of selves which I believe can cause a therapist's struggle to comprehend the experiences of physical contact in practice. Then I recalled my favourite song called 'I Still Believe' in the musical 'Miss Saigon'. The song was sung by two female characters, Kim and Ellen. In the song, the two women sing about their relationship with and feelings towards a male character, Chris. The arrangement of the song is: Kim firstly sings her side of story. Ellen then sings her side of the story. At the end, the two characters sing together to show the relative pull between the two roles. Every time I listen to this song, I am stunned by the powerful tension presented in the song. When the two characters sing together, the combination of their voices clearly demonstrate the struggle and conflict between the two relationships. The form of the song allows the audience to experience the power of the tension involved.

I therefore decided to apply a similar structure in order to present the divergent voices belonging to me. The private self and the counsellor self have been invited to sing together in the arrangement which is similar to the form of 'I Still Believe' in *Miss Saigon*. The counsellor self will sing her story followed by the singing of the private self who will also share her perspective of the same story. After the two voices have sung their own versions of the same story, they will repeat some parts of their stories and sing as a duet. As previously discussed, in addition to the voices of the counsellor self and the voice of the private self, the voice of the researcher self will also join the performance. Usually the researcher's voice will start to sing after the duet. The researcher's singing guides the audience to reflect on the private self and counsellor self's songs from a slightly distant position.

In order to visually distinguish between the different perspectives, the voice of the counsellor's self will be presented in the font of *Papyrus*. The voice of the private self will be presented in the font of **Chalkboard**. The researcher's voice will continue to be presented in the current font – *Cambria*, as this voice has led us from the very beginning of this thesis.

Structure of the autoethnographic piece

In addition to applying the idea of *multivocality* in my presentation of research data, I also utilize the basic idea of the sonata form in order to construct my autoethnography. In the past, my piano teacher often asked me to play Mozart's piano sonatas. She believed this music style suited me well. I also like this music form. I am impressed by the ability of this form to involve the audience in experiencing a story. I argue that applying this music structure can help me infuse an aesthetic quality when presenting the interplay between the three voices discussed and while exploring the dynamics between them.

Sonata form is a musical structure that was developed during the eighteenth century. The basic sonata form contains three sections, which are exposition, development and recapitulation. Some musicians add a section called *coda* after the recapitulation section. The autoethnographic piece that I will present is constructed based on the four sections of the sonata form. Exposition is where the musician presents the basic themes and the basic interaction between two themes. It emulates how the introduction of a story gives the audience some basic knowledge about the characters of the people in the story and the relationships between these people. In the exposition section of this thesis, the private self, counsellor self and researcher self will share their feelings and experiences of being asked for a hug from my client. The interplay between the three voices will also help the reader to have some sense of their relationships.

After the themes and dynamics are introduced in exposition, these themes and dynamics are explored further in the development section. If a sonata form is used to tell a story, the development section contains the most rich and colourful part of the whole story. In this section, through the development of the story, the characters' histories, emotions and thoughts will be presented. At the same time, as there is richer information about the characters, the audience comes to understand the complexity of the dynamics between these people. Similarly, in this thesis section, the three selves' histories, emotions and

thoughts that relate to the issue of touch will be explored further to show the resonance and dissonance between their voices. At the end of each development section, there will be a *Codetta*, which means a brief conclusion or passage (Latham, 2002). The purpose of inserting Codetta is to emphasise the main argument of the researcher's observations and also introduce the audience to the next section. Codetta is typically located only at the end of exposition in a sonata form. However, I believe locating a Codetta at the end of each development section will help the audience to clearly see the progress and purpose of the three developments.

The recapitulation section follows the development section. In sonata form, this section normally repeats the same music played in the exposition form. It resembles the period of time that occurs after engaging in an exciting adventure where all the characters return to their everyday life again. They once again become involved in their usual routines that were shown in the beginning of the story. However, in this section, I had no intention to allow the voices to sing the same thing as they had sung in the exposition section. This is because I do not believe the characters will be the same after experiencing the journey proposed, as I argue they will each have gained meaningful knowledge that will change their perspective and thus their everyday life. Something must have changed during the process. It is like the end of the final movie in *The Lord of the Ring* trilogy (Tolkien, 2005), Frodo Baggins, who is one of the main characters of the story, finally arrived home after a long and difficult adventure. However, he realised he could no longer fit into the everyday world in which he used to belong in the past. He had become a very different person. It is the same for the three selves in my autoethnography. During the exploration process, they experience internal shifts. The dynamics between them are also no longer the same.

After the recapitulation, although it seems the story is finished, there is still a section – the coda that follows. Even though coda seems to be something extraneous added to the song after the ending, it is actually considered an

important part of the song. In my coda section, I will explore the ethical issues of producing an autoethnography. As the component of ethical consideration in research is very similar to the role of the coda in sonata, it always seems to be separate, but actually is part of the main performance. Although every researcher is required to consider the ethical issues that are relevant to his/her research, many scholars suggest ethical consideration should be an ongoing activity throughout the whole research process (Abrahams, 2007; McLeod, 2010; West & Byrne, 2009). It is impossible to solve all the ethical issues during the research design phase. The ethical challenges actually emerge in every phase of the research process. For example: How does a researcher support an interviewee who becomes extremely sad during the interview? Researchers need to be reflexive about their power in relation to their participant and the society that they focus upon. Research ethics is not something separate from the research itself, but the part of a research study that guides us throughout the process. Therefore, I decided not to follow the traditional structure that presents the research ethics in the methodology chapter, but instead involved the issues of research ethics as an embodied part of the autoethnographic piece.

3.3 Conclusion

In this chapter, I have argued that autoethnography is the most suitable way to explore and facilitate better understanding about the potential influence of counselling and psychotherapy practitioners' subjective perceptions on their individual experience of physical contact in practice. I started my argument by claiming the importance of experiencing immersion. After reflecting on my experience of working with counselling clients, I suggested that immersing ourselves in our experiences and emotions will facilitate a kind of understanding that cannot be gained by theoretical analysis alone. I then suggested there is no map that can help every individual to find the truth. Although we can still learn something from looking at other people's processes, the audience members still need to reflexively consider their own experiences and situations. In my opinion, storytelling has the power to enhance experience

immersion and provide a process that presents space in which audiences may be actively reflexive. In autoethnography, a researcher's personal stories are told within a social-cultural context. I argue this research method, like storytelling, can to enhance a new perception regarding the issue of touch in counselling and psychotherapy, while also addressing the criticisms of this approach. Scholars argue there is no certain way to do autoethnography and encourage autoethnographers to be creative. Responding to the requirements of creativity and aesthetic skills while engaging in autoethnography, I thus chose to apply multivocality (Mizzi, 2010), and constructed the voices and stories based on the structure I borrowed from music performance, which serves as a comfortable and familiar communication form. By doing so, I aim to evoke an experiential experience for audience members and thereby encourage subjective consideration and reflexive analysis.

4. Trio Sonata

4.1 About this Trio Sonata

I would like to welcome you to this chapter, a chapter that will lead you to experience how I understand the meaning of hugging a client in a formal therapeutic setting.. I am going to bring you along as I move between each story and its differing perspective, and compare my divergent roles in distinct personal and professional relationships, in my past and present, and in the cultural contexts of both Taiwan and UK.

As a musical piece, this chapter is constructed in a sonata form which contains an exposition section, a development section, a recapitulation section and a coda section. In the exposition section, the story of my experience of being asked for a hug by my client will be illustrated. Moreover, the private self will communicate a dream that is related to the incident and also illustrates the personal implications of this encounter. The dynamic between the voices will be presented in this section. Following the exposition section are three development sections, and in these sections the details of my relationship with my client who asked for a hug will be further explored. Furthermore, personal details which focus on my relationship with my mother and family, as well as the perceived implications of my Taiwanese social-cultural background, will be illustrated to show their collective impact on my perceptions regarding the hugging incident. Finally we will come to the recapitulation section where the three voices will merge into one, and a new perspective on the hugging incident will emerge. In this trio sonata, my experience of hugging the client will be shown, explored and transformed.

4.2 Exposition

This section is the *exposition* of the song. According to The New Grove Dictionary of Music and Musicians (Sadie & Tyrrell, 2001), an exposition is ‘in a composition or movement, (and serves as) the section at or near the beginning during which one or more themes on which the rest of the movement or piece is to be based are first presented according to a particular plan’. (p. 462) This sonata section provides audiences with the overview of the story. The exposition section also illustrates the relationships and dynamics of different narratives. Therefore, I invite the counsellor’s self and the private self to sing in this section which aims to provide some basic understanding about the event of hugging the client. The exposition will help you to see one’s divergent perceptions of a single event, and experience the internal chaos caused by incoherence between the perceptions.

4.2.1 The Session – Sang by the Counsellor Self

It is the last session before I leave for my four weeks of Christmas holiday. I am sitting with a client, M. She is talking about her concern for her daughters who she believes will have a difficult time during Christmas. At the beginning of the session, I invite her to think about some strategies which might support her during my absence, as she always experiences enormous loneliness during this time of the year. I am feeling concerned and worried. It is near the end of the session, and M has not responded to my question regarding her self-care during the coming holiday. There is only around five minutes left. ‘I can’t go to holiday without checking on how she could manage’, I think. Therefore, I decide to remind M about my question. ‘You have been talking

about how you will take care of your daughters during Christmas, but you haven't told me how you're going to take care of yourself.' M agrees. She says she does not know what would make her feel better during Christmas. Then we fall into silence for a while. I consider whether I should provide some possible strategies for her. Suddenly, she says, 'I'd feel better if you gave me a hug...' I am shocked by her request. 'Should I hug her?' I ask myself. M is staring at the floor. I sense she is like a child who wants something but feels guilt regarding her demand. I do not know what to do.

I did not know what to do. The above song sang by the counsellor self was the beginning of my struggle. The struggle did not only happen after the hug was offered; it emerged at the moment the request was made. Since the struggle surfaced, I listened to different voices that I felt would help me understand what this experience means. However, I seldom listened to my private self who has a different perspective on how she, the private self, feels. When she expressed her anxiety about whether the hug was right or wrong, I would quickly repress her voice, and look for more theoretical voices to tell me how to interpret the experience. I finally decided it was time to let my private self raise her own voice, and to allow her voice to be heard.

How can we do that? I asked my private self.

One day, I had a nightmare. When I woke up, the detail of the dream and the emotions I experienced in it were still very vivid for me. I wondered about the meaning of the dream but did not quite know what it was. This dream bothered me, and not understanding it also made me feel unsettled. The story of the dream kept coming back in my mind when I was writing the methodology chapter for this research. I did not understand the reason for its return. It seemed that my unconscious was trying to pass some messages to the conscious

mind. Therefore, I wrote the dream down and looked at it. Then I realised that my private self was singing to me.

4.2.2 The Dream – Sang by the Private Self

'I have to destroy everything', I think. I am in my room. I am in an information base and trying to eliminate all the data – all the data about me. I reformat my computer, and start spraying petrol on every corner of the base. I want to set a fire that will burn everything, so no one could find any trace of me. I feel anxious as people who are looking for me are soon coming. No, I can't be found, I have to leave as soon as possible. I check every room to make sure no one is still in the base. Then I set the fire, close the main door and leave. I take a journey to a place which is far away from the base, and try to forget everything about it...

I do not know how long I have been travelling. Now I am standing in front of the base again, and feel nervous about what I am going to see. I open the door, and go into the base. Everything is burned and destroyed. The base is now just a black cave; nothing remains. I suddenly feel panic. 'There is one room I forgot to check before setting the fire!' It is a room beside the main door. As the entry of this room merges with the wall, people easily overlook it. I sense something happened in the room. I check the room. My friend and her daughter are there, dead. I know they came to see me and were trapped by the fire I set. I killed them. I am a guilty person. I am accused for killing the mother and the daughter. The sense of guilt follows me no matter where I go. I see blame in others' eyes. I feel blame in my mind. There is no way to escape from this guilt. I will breathe guilt for the rest of my life.

My private self was singing her experience of hugging M to me. I am aware that the story in the dream seems to have nothing to do with the previous song presented by the counsellor self and the hugging event. To help you see the connection between the two songs, I am going to apply a musical form – a duet that invites two voices to sing together, so you will be able to hear what I hear and to hear the connection between them.

4.2.3 Duet: Dreaming in the Session

The voice of the counsellor	The voice of the private self
<p>It is the last session before I leave for my four week Christmas holiday. There is only around five minutes left.</p> <p>‘I can’t go to holiday without checking how she could manage’, I think.</p>	<p>I feel anxious as people who are looking for me are soon coming. No, I can’t be found, I have to leave as soon as possible. I check every room to make sure no one is still in the base.</p>
<p>She is talking about her concern for her daughters who she believes would have a difficult time during Christmas. I decide to remind M about my question. ‘You have been talking about how to take care of your daughters during Christmas, but you haven’t told me how you’re going to take care of yourself.’</p>	<p>I sense something happened in the room. I check the room. My friend and her daughter are there, dead. I know they came to see me and were trapped by the fire I set. I killed them.</p>

<p>M is staring at the floor. I sense she is like a child who wants something but feels guilt regarding her demand.</p>	<p>I am a guilty person. I am accused for killing the mother and the daughter. The sense of guilt follows me no matter where I go. I see blame in others' eyes. I feel blame in my mind. There is no way to escape from this guilt. I will breathe guilt for the rest of my life.</p>
--	--

By inviting two voices to sing side by side, we are able to see the connection between the two songs presented. I have highlighted the themes in their songs and illustrated how they sing the same theme differently. The three themes I have identified from the two songs are: Separation, Mother and Daughter, and Guilt.

As we proceed forward with our journey, these three themes will each be further developed in the upcoming section. These three sections can be considered as *developments* in the music field. In the developments that follow as part of exposition section, the themes presented will be explored further in order to gain a deeper understanding of why my client's request for a hug caused such internal chaos and confusion.

The purpose of development is to lead listeners through an intellectual and emotional experience that could be described metaphorically as exploration, adventure, or transformation. From the starting-point of a readily grasped theme, which may have been heard more than once, the listener is drawn into less predictable situations where the theme, or part of it, is still recognizable but has taken on new characteristics and is

perhaps combined with other materials or with other versions of itself.

(Latham, 2002, pp. 355-356)

Now, our research journey is heading toward a deeper level of the experience. We are venturing into three development sections.

4.3 Development I: Mother, Daughter, and The Daughter's Body

4.3.1 I Am Like Her Daughter – Sang by the Counsellor Self

'You have been talking about how to take care of your daughters during Christmas, but you haven't told me how you're going to take care of yourself.' I check with M, trying to know what happened in her mind. Saying this, I recall how M refused to embody her vulnerabilities:

I remember M told me that she felt like I was her daughter after she painted a picture to express her feelings. She told me that she felt like painting for her daughter. Her feeling inspired action which was totally different from what I had intended her to do. By asking her to paint, I was hoping that she would embody and experience her internal child. However, she did not play the role as a child. She chose to be the Mother. From my point of view as her counsellor, I always felt we had to enter the world of her internal child in order to make healing happen. However she refused to be that girl. She did not want to be the daughter in our relationship. She wanted to be the Mother.

It was difficult to get in touch with M's inner vulnerable girl. In the second counselling session, M came into the room and told me how she disliked the position of her seat. The sofa on which she sat faced the window. The view she saw from the sofa made her feel like that vulnerable girl who looked out from the window and hoped someone would rescue her from the abuse she had experienced as a child. She did not want to again be that girl. I let her choose our seats. She needed to have the power to choose the position of our bodies in order to escape her fear of being the vulnerable girl. She refused to embody that vulnerable girl.

That vulnerability only emerged when she was crying. That was the reason she did not like to cry. She always tried to stop her tears but never really succeeded. When she cried, I could sense her enormous pain and tried to provide some psychological holding through caringly looking at her and gently reflecting her sadness. However, it seemed to me that she was not able to receive these. Her own emotions and tears just became more and more overwhelming to her. It was like there was a thick glass wall between us. I could not approach her, and could only see her struggling and fighting with her sadness alone on the other side of the wall.

I am still waiting for M to respond my question about her self-care during Christmas. Suddenly, she says, 'I'd feel better if you gave me a hug...' I saw the vulnerable girl in her open up to me for the first time. I needed to reach out towards her. I wanted to hold that girl.

4.3.2 Mother's Extension –Sang by the Private Self

I sense something happened in the room. I check the room.

'Something happened?' I check with Mom. I know Mom is upset from her voice, even though she was talking about her life this week. She becomes silent for a while, and then slowly tells me she had an argument with my dad. She is still angry with him and complained about how rude and selfish my father was. I listen to her, stand at her side and comfort her. This is the role that I am very used to. I am my mother's emotional container and supporter. This is the role that Dad and my brother do not have the patience to play. 'Mom's guard', Dad always teases me about how hard I try to protect Mom. I do not think Dad is exactly right. Sometimes I feel I am not a person who protects Mom, but I am Mom's extension. I am part Mom, and always sense Mom's emotions as clearly as my own.

Mom used to do my hair in the morning when I was little. I can still vividly recall the scene: In the morning, I was half awake. Mom and I were sitting on my bed. Mom gently brushed my hair and delightedly tried different hairstyles on me. She said, 'You are my Barbie'. It did not feel wrong. I was happy that Mom enjoyed her time with me. I felt secure, warm and loved. As I grew older, Mom also taught me how to behave like a girl. 'A girl does not sit with her legs apart.' 'Don't do that, you should behave like a girl.' She would say things like this. At the age of three, Mom started to bring me to the dance class run by my grandaunt. She told me the history of her family and how my second grand-aunt had composed many important dances, and how my youngest grand-aunt who ran my dance class started dancing at the age of thirteen and won the

championship in a dance competition two years after. She also told me her grandmother was a great woman in her time as she was president of a primary school and also capable of composing dance. I have seen Mom's photos of her dancing in front of a crowd in her high school. I know she expected me to dance well. I sensed the responsibility to be able to dance as a female family member. My body is not entirely my body. It is shaped by Mom's expectations. I/my body now behave like a proper lady as my culture would expect, and I of course know how to dance.

Even though Mom and I are very close, being Mom's guard, playing the roles of being Mom's extension and Mom's Barbie also have their own dark side. It means I have to be always cheerful for her. Moreover, it means I have to contain Mom's negative emotions both mentally and physically. I am the only person in my family upon who she can project her anger; even if I am not the one who causes her anger. Mom never allows me to cry when I am upset with her. If I was crying because of conflict with her, she would say, 'I'll count to three, if you are still crying, I'll hit you again'. She did what she said. I have learned to stop crying in just a few seconds. I sometimes feel maybe I never cry genuinely, because I can stop crying easily if I want. Since my fourth or fifth year of primary school, I felt Mom became more and more aggressive towards me. When I did something wrong, such as reading other books when I was supposed to do my homework, she would punish me by slapping me furiously. She would slap my body wherever she could reach: my face, my back, and the back of my head... her anger and punishment felt like a fire burning my body. I could not control the direction of the fire but allowed it to burn all over my body until the fire in Mom's mind gradually calmed down. If I tried to stop her, she would become angrier and slap me even more violently. Her physical punishment continued until I left home and entered university.

Over the years, I started to feel my body was full of anger, the anger that was injected by Mom and my anger towards Mom. My body felt damaged and damaging to me. A body full of fire becomes a dangerous place to go and to be remembered. I used my body in the ways that I learned from Mom's teachings and dance to interact with the world. I know how to perform using my body in a way that my peers and friends would accept. Even when life was too difficult for me to handle and I started to cut my own body, I knew how to behave physically to persuade my peers to believe that I was the happiest person in the world. 'Hsin-Shao, you look like you have never felt any worry', one of my classmates said. However, I do not like to be touched. Physical contact with people makes me feel dangerous and vulnerable. When people touch me, I feel that I have no boundaries to protect them and myself. The fire from others and the fire from my body might just burn us. I particularly dislike people touching me when I am emotionally vulnerable. I found people's comforting hugs unbearable, although I always pretend to appreciate them. I need to keep a suitable physical distance from others in order to feel secure.

At home, I always close and lock the door of my room so Mom would not see me doing anything of which she did not approve. So it separated me from her. So she could not easily control my body. So her fire would not burn me. Although when she asked, when she shouted, when she cried, and when she had conflict with my father, I would still need/want to open my door to find her, to allow us to become one again.

Someone opened the door. She is upset and looking for my body. I look at her. She looks like Mom but she is not. Should I offer my body? Will she

burn me with the fire inside her? Will the fire in my body burn her? Will my body become hers? We might get trapped and be destroyed by the fire in our bodies. I am frightened.

4.3.3 Duet: I Am Like Her Extension

The voice of the counsellor self	The voice of the private self
M told me that she felt like I was her daughter. She did not play the role of a child. She chose to be the Mother. She wanted to be the Mother.	'Mom's guard', Dad teases. Dad is not exactly right. Sometimes I feel I am not a person who protects Mom, but I am Mom's extension. I am part Mom, and always sense Mom's emotions as clear as mime.
I let her choose our seats. She needed to have the power to choose the position of our bodies in order to escape from being the vulnerable girl.	She said, 'You are my Barbie'. My body is not entirely my body. It is shaped by Mom's expectations. I/my body now behave like a proper lady as my culture would expect, and I of course know how to dance.
Her own emotions and tears just became more and more overwhelming to her. It was like there was a thick glass wall between us. I could not approach her, and only see her struggling and fighting with her	If I was crying because of conflict with her, she would say, 'I'll count to three, if you are still crying, I'll hit you again'. She did what she said. I have learned to stop crying in just a few seconds. I sometimes feel maybe I never cry genuinely, because I can stop crying easily if I

sadness alone on the other side of the wall.	want.
Suddenly, she says, 'I'd feel better if you gave me a hug...' I see the vulnerable girl in her opens up to me for the first time.	At home, I always closed and locked the door of my room so Mom would not see me doing anything of which she did not approve. So it separated me from her. So she could not easily control my body. So her fire would not burn me.
I need to reach out towards her. I want to hold that girl.	Should I offer my body? Will she burn me with the fire inside her? Will the fire in my body burn her? Will our bodies merge? I am frightened.

(Researcher's note: I read the private self's song in this development section again and wondered whether I had given too much information and, by doing so, somehow lost the focus of my story? For example, I included my grand-grandmother and my grandaunt in my story but, as a researcher, I also felt uncertain about the benefit of sharing my family history. Yet, my private self felt the guilt of sharing the negative part of her mother-daughter relationship, and worried that the audience might consider Mother as a bad person. Therefore, my private self wanted to keep this section. She felt by sharing the family information, my mother does not look so *bad* in this section; it in a way shows that my mother's power has its place in my family hierarchy and our cultural context. By doing so, she alleviated the guilt by contextualising my experience. In the end, I was persuaded by my private self. It is an ethical decision for me to keep the family information in this chapter. It supported the private self and allowed her to feel secure enough to expose the story about her relationship with Mother.)

4.3.4 Reflecting Development I

In the counselling room in which M and I met, both of us brought our histories with us. Something happened in the room. We interacted with each other and reconstructed our histories through our relationship that developed in the counselling room. Ogden states: 'The analytic experience occurs on the cusp of the past and the present, and involves a 'past' that is being created anew (for both analyst and analysand) by means of an experience generated between analyst and analysand' (1994, p. 9). The past that was being created anew was the mother-daughter relationship. The power and emotional dynamics between M and I resonated with my relationship with my Mother. In my counselling work with M, there were two layers of my experience. One is the experience of being with M as a counsellor, and the other one is the experience of being with my Mother as a daughter. The two experiences resonated and intertwined with each other.

The counsellor's self experienced: *'I sense M's emotion as clear as mine'*.

The private self re-experienced: *'I sense Mother's emotion as clear as mine'*.

The Counsellor's experience in the counselling relationship is intersubjective. What I experience with M is influenced by my subjectivity and the interplay in the counselling relationship.

The mother-daughter dynamic was played and re-played in an embodied form between M's body and my body in the counselling room. 'The embodied therapist and the embodied client enter the room. Two breathing systems interacted, two motoric systems come into awareness of each other: a relationship begins in which the non-verbal communication plays a very large part' (Boadella, 1997, p. 39). The negotiation of the position of our bodies was a way for us to communicate the quality of our relationship. The mother-daughter relationship was played and re-played through M's need to choose the position

of her body to help her avoid her experience of feeling vulnerable and my choice of surrendering the seat I normally took as a counsellor. I directed my body to meet M's need as I shaped my body in order to meet my mother's expectation. In my perception, the role of Mother in this relationship was powerful. She had the ability to shape the vulnerable girl's body – her daughter's body – to meet her expectation and the Taiwanese standards of culture and family. It is like Mother did her daughter's hair to make her daughter look tidy and pretty to society; Mother sent her daughter to the dance class ran by her grandaunt, so that the daughter could inherit the dancing body that had made her female family members successful. 'I'm Mom's extension', the private self said. The daughter's body is like the extension of Mother's identity and hope. 'The body of a woman comes from the body of her mother.' (Orbach, 2004b, p. 148)

The embodied dynamic with M evoked my experiential memories of my relationship with my own mother. My mother and I are very close. However, the closeness between us has caused our relationship boundaries to become blurry. I do not know how she really feels about our conflicts, as I have never asked. Yet, I believe my disobedience, such as reading other books when she expected me to do my homework, felt unbearable for her. For she then physically punished me for letting her down or making her angry. The physical punishment did not feel like teaching, but a way to destroy my badness. I remember when I told my therapist about my history of physical punishment. She was terrified and used the term *physical abuse* to describe it. I was shocked by the word *abuse*. It was and still is difficult to claim my mother's physical abusive behaviour.

How do I differentiate punishment and abuse? At the time I was a child, there was no clear awareness of the influence of physical punishment on children in Taiwan. Physical punishment was very common in Taiwanese culture. In school, a teacher would hit a student if the student broke rules or did not reach the standard score in exams. My parents also shared their experiences of physical punishment in school throughout their childhood. In fourth grade, I had a classmate who often came to school with bruises all over his body. His father

beat him because he did not do his homework. I remember my teacher at that time did not have any sympathy. 'Mother feels pain in her heart while beating her son', she would say this proverb to the boy. It was an extreme case. However, where is the line between punishment and abuse? As differentiating physical punishment and physical abuse is beyond the scope of this thesis, I am not going to answer this question. What I want to indicate is how culture influences societal perceptions of physical punishment and children's autonomy regarding their own bodies. Being a child living in that kind of cultural atmosphere, I would not think my mother abused me.

In Taiwanese culture, which is significantly influenced by Confucianism, a child's autonomy of their own body is neglected. The Confucian classic treatises – 'Classic of Filial Piety' (Xiao Jing, 孝經) argues 'Our bodies, hair and skin are received from our parents. We should not venture to hurt them. This is the starting point of filial piety. A person should behave properly and follow the rules. Then his/her name will be well known in the future. His/her parents will therefore be honoured. This is the completion of filial piety'. (Xiao Jing, Chapter 1: Principles and Definitions) This argument clearly demonstrates parents' ownership of their child's body, and the relations between the behaviour of a child's body and parents' social status. In this cultural atmosphere, the physical boundary between parents and child is vague. Physical punishment therefore is considered to be acceptable. According to the survey done by Wen-Ying Ling (林文瑛) in 1992, the majority of Taiwanese people, including teachers, parents and children, supported the use of physical punishment (林文瑛, 1992). Ling did the survey when I was still a child. Thus, the result of her survey reflected the cultural norm of physical punishment at that time. Of course, the use of physical punishment was differently applied in different families. Whether to use physical punishment depended more upon parenting styles. (林文瑛、王震武, 1995) There has been an increasing awareness of the issue of physical punishment nowadays in Taiwan. Yet, when I was a child, there was not much awareness about the influence of physical punishment on children. I realise I

have invested a great deal of effort to describe the cultural perceptions of physical punishment in Taiwan. The purpose of my effort is not to argue my mother's behaviours were correct, but to show you how it was acceptable in our culture at the time. Moreover, it is heartbreaking for me to accuse my loving and beloved mother for being abusive in the past.

However, Mother's physical punishment did have a negative impact on me. When I was physically punished, I was not allowed to cry, show my anger or even protect myself from the violence. My anger and hurtful feelings accumulated. My sense of body became distorted. I felt my body was powerless and lacked boundaries. I started to avoid physical contact with people, as it made me feel that I was being invaded. Again, accepting people's comforting touch was extremely difficult for me. I felt that physical contact with animals or objects was much more safe and comforting than that provided by human beings. Therefore, when I felt extremely hurt, I used to hide in my wardrobe and experience being touched by the clothes around me. When I felt stressed and anxious, I would hold the blanket that had been with me since I was a baby.

This sense of lacking physical boundaries also affected my perception of physical contact in counselling practice. Whenever the possibility of physical contact was mentioned in training or supervision, I would feel anxious. I would catch myself immediately grabbing a cushion and holding it in front of me, as if the cushion could serve as a partition between self and other. Simply imagining the possibility of physical contact with clients caused high anxiety. I knew I had some issue with my own body, and tried to solve it. However, I still insisted that I would not touch a client no matter what. Then M said to me, 'I'd feel better if you gave me a hug...'.

Her request was extremely challenging for me. Being her counsellor, I felt it was significant for her to embody her vulnerable self and still open up to me. I felt I should reach out to her. It would not have been so difficult, if our relationship did not feel like a mother-daughter relationship. In that case, I might be able to

use my dancer/performer's movement to interact with her. The movement that I have practiced since the age of three could somehow distract people's perceptions regarding my comfort with physical contact. However, again, my relationship with M was like a mother-daughter relationship. M's request sounded like it came from my mother, even though at that time she was actually in the position of being a vulnerable girl. The counsellor self said, 'I have to reach out', whilst the private self cried, 'I am frightened'. I struggled to overcome the fearful fantasy of fusion.

4.3.5 Codetta of Development I

When reflecting on the songs presented in Development I, I examined the Taiwanese culture in which my mother was located and realised our physical relationship was in fact influenced by social-cultural beliefs that encouraged and maintained parents' authority over their children's body. The common use of physical punishment in Taiwanese society during my childhood in a way hindered me in developing a clear sense of bodily boundaries and thus continued to influence my perceptions regarding physical interaction with others. Through the Reflecting Development I section, the influence of cultural norms as shown in my own family relationships was an important factor that caused me to perceive the act of hugging M as Mother's request to merge. In this way, M's request produced an internal struggle that I did not fully understand before I engaged in my autoethnographic research process. Next, I would like to bring you to the following development section, which further illustrates how the hug as merging can intensify the pain caused by the experience of separation.

(Researcher's note: It was easy for me to access my counsellor's voice. After years of training, the counsellor self is very used to reflecting upon her experience of counselling practice. She understands how to tell a story about her practice and how to apply theories to explain and support her argument.

The counsellor self knows how to talk about her counselling practice in a way that her audience would easily understand the narrative follows a certain logic, so her audience can easily pick up the ideas she wants to express. The counsellor self also has a clear sense of timing and reality. She has learned to set up different boundaries in order to practice efficiently. The counselling should always be the same day of the week, start at the same time of the day, and the length of the counselling is always fifty minutes. Therefore, as a researcher, I have been hearing the same story from the counsellor self over and over again. However, her logical explanation did not help me to solve the difficulty of comprehending my experience of hugging M. The struggle is not explained by logical thought; it is instead a feeling that cannot be logically described or be answered by any theory.

Different from the counsellor self, the private self has a very different way of telling her story. Unlike the counsellor self who is trained to disclose the story of her practice when it is required, it is harder for me as a researcher to access to my private self's voice. Sometimes she is just too deep to reach, and it is hard to hear her voice. She sometimes even refused to provide any information, so I had to leave my laptop, allow myself to concentrate on other matters, and wait for the private self to finally agree to disclose her feelings. However, when she starts, she often becomes overly talkative. She discusses one thing, follows it with another topic, and never stops. When she was in this state, I found it difficult to read other research papers. It was particularly dangerous to read autoethnographies with her when her condition is like this. She would actively respond to the stories in the autoethnographies by throwing more stories about herself into my mind. She became so excited and talked so loudly, I had to stop reading and just let her speak.

‘When are you going to stop?’ I’d ask.

‘But you asked me to talk!’ she often responded.

I found myself often having this kind of conversation with her. It was also hard to put her speech into words. The way she tells a story is often not in the form of language, but in the forms of images, emotions and body sensations. Her

tendency to pour a lot of information at the same time also increased the difficulty of recording her story. In her story, the time is not linear. She jumps to different times in her life at once, and sometimes moves in the spaces between. We also spent a lot of time negotiating which stories we should put into my thesis. Sometimes her stories seemed to have nothing to do with the research but she just wanted to share them. Sometimes she insisted a story had an important connection to my research, but it took a long time for her to indicate the connection. Sometime we thought there was a connection, but she would look back and say, 'Maybe there is no connection'. Her story is more about emotions, feelings and experiences. She does not care about logic and the frame of time; she only cares about what has been evoked.)

4.4 Development II: Mother, Daughter and Their Separation

4.4.1 Going Back – Sang by the Counsellor self:

Xx/12/2012 Edinburgh, UK

It is the last session before I leave for my four week Christmas holiday. I am going back home to Taiwan. It has been around one year and three months since I have been home. There are only around five minutes left. 'I can't go to holiday without checking how she could manage', I think. I consider whether I should provide some possible strategies for her. Suddenly, she says 'I'd feel better if you gave me a hug...' I understand Christmas is particularly difficult for M. As Christmas is the time that many people in the UK come together and celebrate with their whole families, M becomes particularly aware of the

split in her family. For some reason, she could not celebrate Christmas with two of her daughters.

M perceives Christmas as being the time that makes her feel that she is an outcast. She feels rejected by her family and society. In fact, M's loneliness is the main focus in our counselling work. Her experience of being abused by a family member and separated from her daughters has made her believe that something must be wrong with her. She feels both her body and herself are unacceptable and unlovable. 'I am the black sheep of the family', she always says. Having the knowledge of M's condition in my mind, I think offering a hug to M could be a way to support her during the holiday. In my opinion, by offering a hug, I can show her that she and her body are acceptable and lovable. Moreover, the hug will provide a sense of connection that could support her in managing the sense of loneliness she experiences at Christmas. 'It's near the end of our session, I'm going to give you a hug and I'll see you after coming back from my holiday', I tell M.

4.4.2 Leaving – Sang by the Private Self:

Xx/9/ 2010 Hsinchu City, Taiwan

I have to leave as soon as possible. I check every room to make sure no one is still in the base.

I am leaving for the airport soon. I clean up my bedroom for the last time. It will be at least a year until I again come back to this room. I make sure nothing I need is forgotten in the room. I am going to do a counselling training course in Edinburgh in the UK for at least two years – if I only graduate with a master's degree! I have been dreaming about the day of my departure. One year ago, I was also studying at the same university and doing the programme of MSc. in Counselling Studies for a year. Then I came back to this home and found it difficult to adjust. My newly grown sense of self had made it difficult to readjust to the role I used to play at home. I had a lot of conflicts with Mom. Every day I think about going back to Edinburgh, to learn how to do counselling, and to let this new self grow further. I cannot wait to go. However, I find my feeling towards the approaching departure is ambivalence. It also makes me feel sad and nervous that I am leaving.

I am worried about Mom. Her mother, my grandma, has not been well. During the time I was doing my previous master's, her health condition dropped significantly. She stays on the bed most of the time, and can hardly recognise people. Although Grandma is living with one of my uncles, who is a doctor, Mom still goes to their home to take care of grandma almost every day. I know Mom is sad and scared. It is difficult for her seeing her own mother becoming weaker and gradually losing the memories about their relationship. I know she is afraid of losing Grandma. Mom lost her father when she was twenty-three. She hates how death separates her from the people she loves. She is afraid of death, and does not allow us to joke about it. I remember while attending the funeral of my dad's father, she cried, 'I lost my father again!' What would happen to her if my grandma passes away when I am abroad? Would she feel like

an orphan if my grandma dies? Would she feel extremely lonely? Could she cope with her loss and grief?

I am worried about Mom. Recently she had a big falling-out with Dad. The fight continued for many days. Dad had become more and more aggressive. One morning, I heard Dad and Mom were arguing again. Mom knocked on my brother's door, asking for help. (My brother's room is on the same level as Mom's room, whereas my room is on a level lower than theirs.) I was thinking about whether I should leave my room to do something. I did not really want to go because facing their anger is extremely tiring. When I was still hesitating, I heard Mom scream. I ran out from my room and saw Mom lying on the floor. Dad attacked her. Dad became so violent that he even kicked and hit Mom. My brother stopped my father and I tottered Mom into her room. I was frightened. It was the first time Dad was physically violent towards Mom. Dad's anger did not calm down. During the day, he still wanted to attack Mom. I had to physically push Dad away. When I could not seem to stop him, I used my own body to cover Mom's body, and shouted at Dad. 'I shouldn't go to Edinburgh.' I told Mom and my brother. Both of them said it was a silly idea and I should still go. Dad and Mom are 'fine' now. At least Dad is not trying to attack Mom. But I am still worried. What if I am not here and Dad becomes violent again? How could I leave her alone with it? Can my brother protect Mom on his own?

Mom and my brother take me to the airport. On the way to the airport, the feelings of excitement, worry, relief and sadness come and go. I am looking forward to going back to Edinburgh, but also feel extremely sad about having to leave Mom alone in Taiwan. I check in my luggage and we arrive at the door of the border control. It is time to say goodbye. Mom

wants to hug me. I am a bit surprised because we do not usually hug. We hug. I sense the warmth from Mom's body. I also sense her sorrow and vulnerabilities about my leaving. I sense our connection. I become tearful, but try not to show it. The hug has made the separation even harder. Then we separate. I go into the door of the border control. Before passing the border control, I look back. Mom and my brother are waving to me. I wave back. Then I step towards the direction of the gate. I repress my tears and wipe away my worries. It is the only way I can leave. I am ready for the new journey.

4.4.3 Duet: Leaving or Going Back

The voice of the counsellor self	The voice of the private self
Xx/12/2012 Edinburgh, UK	Xx/9/ 2010 Hsinchu City, Taiwan
It is the last session before I leave for my four week Christmas holiday. I am going back to Taiwan where my home is. It has been around one year and three months that I have not been home.	I am leaving for the airport soon. I clean up my bedroom for the last time. It will be at least a year before I come back this room. I am going to do a counselling training course in Edinburgh in the UK for at least two years.
'I am the black sheep of the family', M always says.	I know she is afraid of losing grandma. Would she feel like an orphan if my grandma dies?
'I can't go to holiday without checking how she could manage', I	Would Mom feel extremely lonely? How could I leave her alone with it?

think.	
Suddenly, she says 'I'd feel better if you give me a hug...'	Mom wants to hug me.
I think offering a hug to M could be a way to support her during the holiday.	The hug has made the separation even harder. I repress my tears and wipe away my worries. It is the only way I can leave.

4.4.4 Reflecting Development II

Xx/04/2015 Edinburgh

I stay in my living room. It has been three days since I have left my home. It is spring holiday. The agency for which I work as a counsellor does not open, so I do not need to leave home for counselling practice. The only thing I need to do is work on this research. I am more comfortable with studying at home than working in other places. Most of the time, I am alone in my flat. Well, not exactly. My rabbit is with me, but he pays more attention to his food than me. It is fine. I look around this place, the place that I set up and decorated... with suggestions from my husband, of course. I am sitting in front of a bureau. At my right hand side, there sits a box of printed literature for my research, a lemon tree, a wooden turntable, and a cage for the rabbit. The rabbit is not in the cage. He is venturing for more food around the room. On my left hand side stands the entrance to the kitchen. I can see our dining table and chairs from here. The entrance of the living room is right behind me. Beside the door sits a fabric sofa with a coffee table at its front. A bookshelf is at the opposite corner of the room. Through the door of the living room, I can see the bed in our second bedroom. All the doors of rooms in this flat are open. There is no need to close the doors.

No one will disturb me. The flat is a little untidy. I can see my books and journals are all over the place. Yet, it is okay, my husband does not mind and there is no guest coming. I stay at home where all the rooms are open and my stuff is everywhere.

It has been more than two years since M asked for a hug. Leaving home to start a new counselling programme in Edinburgh was even further back in time. It has been more than four years since that request was first made. During this period, a lot of things happened. Grandmother passed away four months before M's request of a hug. M and I ended our counselling work. I got married last year, left my original family in Taiwan and planned to live in the UK permanently. There has been lots of separation in my life. However, the time, distance and separations actually allowed me to see what happened in the counselling room and in my relationship with my mother from a different and more distant view. The view sees beyond our Mother-Daughter relationship.

What was experienced and re-experienced in the moment of M requesting a hug was my ambivalence about separating from a mother who was isolated in the family. On one hand, I felt I needed to take a break from our relationship for my self-care and self-development. On the other hand, I felt that I should stay with Mother so she would not be alone. In my opinion, this ambivalence needs to be understood in the context of my family history and its dynamics. It is actually the result of the struggle created by the tension between gaining autonomy in British society while also feeling needed by Mother and limited by the female roles assigned by Taiwanese culture.

Mother's worst fantasy is that she will end up like her mother. My worst fantasy is that I will end up like my mother, and I know that as soon as I have that fantasy, I am already trapped (Flax, 1978, p. 171)

Flax starts her exploration about developmental and social influences on women's autonomy with the lines above. Flax's words resonated with my internal conflict with identifying with my mother. Both Mother and I are afraid

of ending up like our own mothers, yet we both tend to choose the same path our mothers took. My grandmother grew up at a time when Japan colonised Taiwan. She married my grandfather who was a doctor. Throughout her whole life, she played a quiet but supportive figure for her husband and children. Through my mother, I heard how my grandmother was restricted by her gender and her role as a doctor's wife. My grandmother was very clever but only had a high school degree, as the university at the time did not accept female students. She then became a teacher, but then quit her job once the marriage was arranged. After getting married, when my grandparents still lived with their own parents, my grandmother could only eat leftover food after all the males and children in the family had finished their meal. Being a wife of a doctor, she had been very aware of her reputation in public. She could not enjoy street food at the spot of purchase but, rather, had to bring the food home to eat. Grandmother never complained of anything; she was obedient and hardworking. My mother sympathises with Grandmother's situation, but at the same time respects Grandmother's ability to handle and nurture the family. Society during my mother's time had provided more opportunity for women. Women had the right to enter the university and assume a proper job in many different professions. Mother did extremely well. She graduated from high school as the top student and entered the top university in Taiwan. She then found a job as an engineer at the Industrial Technology Research Institute where she met my father. Mother continued to work after getting married. She tried to be different from her mother.

Mother always had been eager to prove that females can be as good as, or even better than, males. I am not sure whether it is because she has five brothers and she felt the pressure to compete with them, or because society at the time still belittled women. I think it is both. For example, Mother hates any stereotypical image that women do not drive cars well. She insists that she can drive as well as men. When she was still working, she could not accept her male colleagues making blue jokes. She felt they were insulting women. On the other hand, she admires her own mother. She wanted to be like her mother and be able to

handle all the housework and perfectly serve her husband. Therefore, after marriage, Mother tried to do all the housework on her own hoping that she would be as good as her mother. In addition, my father suggested that, within the family structure, Mother's responsibility was to take care of *small matters* whereas he only took care of *big matters*. There is no clear definition of small matters and big matters. As my father's career developed, he concentrated more and more on his job and income, and Mother was often left alone with all the housework and childcare. I do not have much memory of my father. He was a person who appeared late at night or during the weekends. Mother continued her career, and also assumed the responsibilities of housekeeping and childcare. She tried to be *like her mother* and *not like her mother* at the same time. Finally, it became too stressful to handle, she decided to follow Grandmother's path and became a fulltime housewife. She wanted to concentrate on bringing up the children and supporting her husband. She felt that taking care of the family should be her priority. However, her professional ambition was still there. Her eagerness to prove that women can be as good as men did not just go quiet. Her ambitions towards performing impressive life achievements and her identification with Grandmother caused internal conflict. She sometimes wondered whether giving up her career was the correct decision. 'I sometimes wonder what it would have been like for me if I had chosen to continue my career,' she told me. I know she felt isolated being left alone with all the housework and childcare. She feels that her devotion to the family is not acknowledged. However, she still feels that she should take responsibility for her family members. She feels that she should be like her mother.

In the same way Mother felt regarding my grandmother's difficult situation being a female in Taiwanese culture, I also feel for my mother's struggle to fulfil her role as a woman. Seeing Mother's struggle with maintaining her values in the family, and with how society allows more freedom to boys, I feel being male is a more fortunate role to possess. Similar to my mother, I wish I could be a boy. I want to have the freedom that a boy has. I want to prove that girls have the right to achieve their dreams in the same ways boys are allowed. I believe men

and women should have equal responsibilities and opportunities in society and family. I want to live differently than my mother.

The development of a stronger economy and high-technology industry in Taiwan during the 1980s enhanced my father's professional success. My father was subsequently able to earn an income that thus provided great resources for my brother and me. We, in turn, had opportunities to learn and engage in various activities, such as playing instruments, calligraphy and sports. There is not a gender difference between my brother and I in regards to our access to learning opportunities. Mother expected me to be like her, performing well in school and standing out from the crowd. She taught me that I should not accept that women are not as good as men, and women should receive the same respect as men. With financial support from my family, I decided to study abroad and chose to attend the University of Edinburgh. I followed my ambition to be a counsellor, and continued my studies to where I now am. During my time in Edinburgh, I also met my husband, and set up my own home and family in this city. When I sit in my living room, writing what I am writing, and reflecting on where I am and what I am doing, I realised I have travelled far away from my original home and, pointedly, from my mother. My life is different from my mother's life in many ways. My husband and I share the housework. I continued my studies after getting married. I have tried hard to be free, to follow my dream and fight for a female role that is different from that of my mother.

However, I still feel the pull from my original home and my family. It is difficult to be so far away from my mother, while knowing of her feeling of isolation, and how she has been left alone with all the housework without being acknowledged by my father. I feel I should be there for her and share her responsibility of housework in the family. This sense of guilt caused by not staying at home and helping my mother is always at the front of my mind. In addition to my familial sense of obligation and duty, Mother also expects me to return to Taiwan. It seems that she feels I have gone too far. After I finished my master's degree, her expectations of me changed. She no longer expects me to

do well in academia, but expects me to abandon further education in favour of setting up my own family. When I decided to pursue a doctorate degree, for which I am writing this thesis, she did not approve, because she thought I had come to the age that I should prioritise marriage. Yet, after I became married, she started to expect me to have a child. It seems that she was assigning her internal conflict regarding gendered cultural values to me. In addition, Mother feels sad about our great distance from each other. She hopes that I eventually live nearer to her, so we can take care of each other. I feel the pull from the opposite directions. On one hand, I feel that I should prove my value in society by fulfilling my dream. Yet, I simultaneously feel that I should give up my dream and dedicate my life to caring for others, especially my mother.

A complex relational cycle in which mother and daughter are psychically twinned in a merged attachment rests on the mother's search to have her daughter confirm her life. In this quest the mother unconsciously offers herself as the first one the daughter must look after. (Orbach, 2008, p. 218)

Independence from my mother and leaving home to pursue my personal and professional development felt like I was abandoning my mother. In short, it is hard to feel and honour the connection between us and to also become independent.

The difficulty of separating from mother was re-experienced in the last session before Christmas holiday. Although in reality I was leaving for what I felt to be my true home, it was in a way abandoning a mother who had been left alone to deal with her family. This sense was particularly evoked when M was talking about caring for her daughters in our final session. Being a counsellor, I clearly knew that taking a break was necessary. My aim was to help M to support herself during the time I was away. However, my feeling was also complicated by my seeming ambivalence about the separation. I felt that I was being selfish to leave at the time when M most needed my support. When M asked for a hug, I hesitated. Because according to my experience of hugging my mother before heading to Edinburgh, a hug or a touch emphasised and reminded me of the

connection between others. I felt that the memories and the sense of closeness evoked by the touch would only make the separation more obvious and powerful. Diamond suggested touch is only meaningful when both the presence of touch and the absence of touch are presented. They complement each other and the relationship is experienced (Diamond, 2006). Similarly, when the presence of a hug and the absence of a hug are both experienced the sense of connection becomes more intense. I thus knew offering a hug would intensify our connection, and the pull from M/Mother would become stronger. At the same time, the sense of loss would be stronger when we separated. 'Provide a sense of connection', the counsellor self said. 'I repress my tears and wipe away my worries. It is the only way I can leave', stated the private self. I felt stuck in the middle, and struggled to solve the conflict between these two selves.

4.4.5 Codetta of Development II

In the reflective section above, although the request for a hug was still understood using my perceptions of the influence of Taiwanese culture on Mother-daughter relationship as presented in Reflecting Development I, my understanding of the hugging experience has been enriched by viewing the event in a broader and more complicated cultural context. When reflecting upon Development II, I further illustrated the historical and cultural dynamics and expectations assigned to the female role in my family and Taiwanese society. It demonstrated the merging force of the hug that hindered the daughter's resolution to be independent. This way of reflecting on the experience of a hug has allowed us to see that my perception of the meaning was not determined at the moment of the event, but can be traced back to my family history and experiences within a specific cultural context. We thus gain a richer and more comprehensive understanding about my complex experience with the request for a hug in my professional practice. In what follows, we once again move on to the next development, where I will show how a daughter's independently

experienced body can be perceived as damaging and thereby triggering a sense of guilt in a specific cultural context that only acknowledges assimilated body experiences.

4.5 Development III: Mother, Daughter's Experiencing Body, and Guilt

4.5.1 Something Is Wrong with My Body – Sang by the Counsellor Self :

M is staring at the floor. I sense she is like a child who wants something but feels the guilt caused by her demand.

M wanted a hug from her mother, after disclosing that she had been abused by a male family member. Her mother did not hug her. Instead, the abuse information was used to gain benefit for the mother's own sake. M felt hurt and betrayed. M has told the same story many times. I think she is still grieving for the hug she did not get at that time. M said she could not forgive her mother after so many years. She is still angry with her own mother. M's mother passed away before their relationship ever recovered.

The story of not receiving a hug from M's mother is now followed by an additional story: Some years after disclosing the abuse to her mother, M felt that she needed help from a professional. She thus went to an organisation which seemed to be able to offer the support she sought. Yet, after listening to her story, the receptionist told M the organisation was not capable of

supporting people who had experiences like hers. However, the lady gave M a hug and said they could become friends. They went for coffee a few days after it happened. The lady told M that she got into trouble for hugging M. The lady said the people in the organisation believed offering a hug to M had been a poor decision. The story always ends with the conclusion; 'There must be something wrong with my body, which is why the lady was told she should not have hugged me.'

M is still staring at the floor with guilt in her eyes. I know she feels like she has asked for something that should never be requested. 'There must be something wrong with my body.' Her words reverberate in my mind. I want to respond to her request. I want to offer a hug so she could learn there is nothing wrong with her body. I want to show M that her body is touchable.

4.5.2 I have to hide this body – Sang by the private self:

I am a guilty person. I am accused for killing the mother and the daughter.

I turn myself away from Mom. 'I don't need her anymore', I tell myself.

Mom was away for many days on a business trip. During this time, I was sent to Hsinchu to live with my nanny who had taken care of me before I moved to Taipei. I missed Mom. I probably cried a lot so my nanny decided that she could not deal with me anymore and sent me to my grandma's house. Mom finally returned home, and Grandma took me back to Taipei that morning. I could not wait to see Mom. I imagined she would come and

hug me the minute she arrived. I waited for the moment to come and for my imagination to turn real. Yet, a few hours after Mom had arrived, she still had not come to me. She had not yet hugged me. I felt like she was not aware that I was there, waiting for her. She was talking to other people without even acknowledging me. I felt angry. I decided that I do not need her and do not thus want a hug from her.

I am fine left alone. I AM FINE!

I turned away from Mom and played with my cousins. I did not need her.

I keep knocking my head on the wall in front of Mom. It does not hurt at all. I actually feel relieved and comfortable. I do this because my head feels like it is going to explode. There is just too much stress for me with school, friendships and exams. Nothing goes well. Knocking my head on the wall actually feels like releasing some pressure in my head. 'Knock, knock, knock.' I hope Mom will realise how stressful and unhappy I am. I need her support. 'Knock, knock, knock. Mom, can you hear me? I do not know how to tell you verbally. I am trying to show you through my body. Help me.' Knocking my head on the wall also gives me some imaginary hope. I might hurt my brain, so I will not need to face all the troubles in my life anymore. 'Knock, knock, knock.' 'Knock, knock, knock.' Yet, Mom does not answer me. She pretends she does not see my pain. 'That's enough. Go back to study', she says. This is her strategy for dealing with this kind of situation – pretending nothing has happened and that life simply continues.

It is also her way of coping with my uncle's madness. Uncle turned mad when he was in senior high school. He became very suspicious. He got angry when someone merely coughed; he would hit the person as he

believed the person was laughing at him. Mom was scared. She was too young to deal with this, and the only thing she could do was hide herself in her room and study. After some years, my uncle was sent to a psychiatric care centre, and he then was seldom mentioned in the family. 'That's enough. Go back to study', Mom says to me. She probably thinks I am mad. I go back to my room and start cutting myself. 'There is something wrong with my body', I think. This sad, mad, scary and unlovable body. My body. I have to hide this body.

4.5.3 Duet: Hide the Wrong Body

The voice of the counsellor self	The voice of the private self
M wanted a hug from her mother, after disclosing that she had been abused by a male family.	I could not wait to see Mom. I imagined she would come and hug me the minute she arrived. I waited for the moment to come. I waited for my imagination to turn real.
Her mother did not hug her. M felt hurt and betrayed. Their relationship never recovered.	I was angry. I decided that I did not need her and did not want a hug from her.
M felt that she needed help from a professional.	I hope Mom will realise how stressful and unhappy I am. I need her support.
The receptionist gave M a hug. She later said the people in organisation believed offering a hug to M had been a wrong decision.	Mom does not answer me. She pretends she does not see my pain. 'That's enough. Go back to study', she says.

'There must be something wrong with my body, so the receptionist was told because she hugged me.'	I go back to my room and start cutting myself. 'There is something wrong with my body', I think.
I want to respond to her request. I want to offer a hug so she could learn there is nothing wrong with her body. I want to show M that her body is touchable.	I have to hide this body.

(Researcher's note: In the first paragraph of 'I have to hide this body' sang by the private self, I was around three or four years old. I still have memory of my early age. The earliest memory I have is an experience I had when I was one or two years old. The story above is one of these early memories. I do not know how *real* this story is. From that little girl's point of view, she believes she cried too much, so her nanny sent her to her grandma. I am not sure where she got this idea. Did someone tell her this? Was it her own way of making sense of what was happening? It could be that the nanny brought her to her grandma because the mother was coming back from the business trip. The mother could also have her own reasons that she was not able to embrace her child. However, things were way beyond what she could understand at that time. It was confusing for her, being transferred from one place to another. When this memory was recalled, what was most clear was not the event but the emotions that accompany the event. The feelings of confusion, disappointment, hurt, anger and rejection are the main themes in this story.)

4.5.4 Reflecting Development III

How should I reflect upon this section? I as a researcher read these stories – my stories and M's stories – again and again. I tried to find a clever angle from which I could insert my intellectual explanations to describe the relations between the stories, so I could provide some new insight for my audience and me. A few sentences were written and deleted again. One day three hours passed while I sat in front of my laptop and repeated the same pattern – typing a few sentences and then deleting them all. The thesis progress in these three hours was zero. How frustrating it is for a doctoral student who tries to meet the deadline for her thesis submission. 'Well, the beginning is always difficult.... It wasn't easy for you when you started to analyse the previous sections, was it?' I tried to calm myself. 'Go to sleep, you always have some new ideas when you sleep with your questions.' So I decided to take a half-hour nap. Yet, it did not work, not this time. As I slept, my mind just kept repeating the same questions again and again. It did not bring me any new insight. I woke up and felt rather hopeless.

'Maybe I should delete this section? It is just too difficult to analyse. Maybe it is difficult because it is not important. I should just leave it as it is not important anyway.'

'Don't be silly', said another internal voice. 'You need this section. It is important for you to have enough words in your thesis. Moreover, you already know the relational meanings of these stories; they ARE important. You just need to find a way to write them down.'

'But I don't know how! I can't articulate them. I tried, but I just can't!'

'Read. Read other people's arguments and you might find the most appropriate theoretical explanation. Read.'

'Alright...'

I searched the literature box beside my bureau and took out the papers I felt might be relevant to this section. I read papers about counsellors and psychotherapists' embodiment experiences. I had read these papers several times, but I believed I might find something new and useful for my research. There are actually some inspiring sentences in these papers. However, they still did not help me to articulate my own stories. My shoulders were tense, and the

left hand that was injured many years ago started to feel sour again. But, the physical pain did not concern me as much as the seeming blockage of my research writing. I looked at the clock; it was time to prepare for my yoga class. Should I go? I asked myself. I had not made any progress that day and the date for sending this section to my proofreader was just a few days away. I wondered whether I should stay at home. If I did so, I felt I could read more and try to write something. I told myself that I should exercise my brain instead of my body. 'Do you remember how you felt after missing your yoga class in order to spend more time on thesis writing last time? You were agitated for a week! Nothing felt right until you went to your yoga class the following week', an internal voice reminded me. She was right. I changed my clothes and walked to the class five minutes later.

There were some new faces in the classroom and the yoga teacher introduced us to each other. The new classmates looked friendly. I felt like talking to them, but my mind was still stuck on the thesis and wondering how I could explain the stories regarding my fear of having a body. The class started. We began by lying down on our yoga mats. I continued thinking about my thesis. I contemplated applying Winnicott's idea of holding and the mirror-role of Mother (Winnicott: 2005vt), or inserting Bowlby's attachment theories... 'Not again...' Suddenly my body spoke to me, 'Stay with me, just stay with me...' This caused me to pause. What does it mean to stay with her? The yoga teacher guided us as we warmed-up. 'Breathe, and experience your whole body', she said.

It is difficult for me to stay with my body and acknowledge its experiences. The experiences of my body are easily neglected. There are always things that feel more important than how she feels. The expectations placed upon the progress of my thesis, the pressure of the approach of the deadline and my eagerness to prove my intellectual abilities were considered to be the priorities. My body was then neglected or manipulated in order to achieve these goals. Sleeping was no longer used for rest, but for gaining inspiration. The exercising of the brain became more important than exercising the body. I felt that staying with my

body might cause pain to my mind. For example, I believed I might have to acknowledge my inability to efficiently produce good academic work. It was also difficult for me as a little girl to hold my need of being hugged by my mother, when the need was not met and the emotional loss was painful. Therefore, the need for physical contact was neglected, and I turned myself away from my mother. While I rejected my mother, I also rejected my body that needed to be touched, insured by Mother's warm and firm hug, and to help me feel secure again after being transferred from place to place.

Similarly, M needed a hug from her mother. After boundaries were violated, she needed to experience warm and confirming physical contact with her mother. The loss of not receiving a hug from her mother became one of the reasons that M decided to become estranged from her mother. A body has its emotions, feelings and need for connection with other bodies. However, there is usually something that seems to be more important than attending to our body in order to endure pain, adapt to the culture, or to meet our ambitions in society. Some people might think that, in the stories shared by M and I, our mothers should take the blame for being careless about their daughters' needs. Yet, I argue our mothers' carelessness could be the result of social-cultural influences that overlook the needs of the body. For example, my mother might think that showing her appreciation to the people who took care of me during her absence was more important than embracing her daughter due to the cultural expectations which influence her manners. Susie Orbach believes cultural pressure destabilises a mother's body, and its influences even extend to the daughter's body through maternal care. She suggests, 'They treat their daughters' bodies as they treat themselves. They create in them the conditions for deprivation and denial. And in that unconscious transaction, they set out an agenda for the physicality of their daughters, which marks the girl's future relationship to her body.' (Orbach, 2004b, p. 148) I read Orbach's words and thought about my own relationship with Mother. It seems to me that describing how Mother transmits her bodily insecurity to me is too harsh. In my opinion, what Mother transmits to me is her notion of how a woman may best survive in

her environment and how to meet social-cultural expectations. Although these ways are not always helpful, they have helped my mother to deal with difficulties. For instance, my mother said, 'Go back to study' when I showed her my unbearable emotions by knocking my head against the wall. 'Go back to study' was the method she utilised in order to survive her brother's overwhelming emotions.

'Go back to study', my mother said.

'I should exercise my brain instead of my body,' I thought.

My way of dealing with my overwhelming anxiety was similar to that which my mother used. Reflecting on the experiential context of the thought helped me to develop a deeper understanding of my mother's words.

When the body cannot be shaped to fit with the constraints of a status that fits the cultural norm or meets the goal of the mind, it might be considered as a burden. The uncontrollable body broke a social-cultural rule and brought about a sense of guilt. For example, after sitting in front of my laptop for hours, the tension in my shoulders and my sore left arm had become too severe and I needed to take a break. My anxiety of not meeting the academic standard and not fulfilling my ambition led me to consider my body an impediment that was not accepted by the academic field. In addition, if the unmanageable body had caused me to miss the established deadline, a sense of guilt would arise as I had broken the rule. What our body can experience is not only muscular pain, but also hurt caused by emotions and relational needs. When the emotion and relational needs that are experienced by our body cause us to struggle to live in the social-cultural context, we start to question our own body. It becomes something that is dangerous to possess, as it in a way destroyed our relationship with others and even our value and identity within our social-cultural context. The self-doubt felt by our own body after embodied experiences are not accepted by others can be observed in both 'Something Is Wrong with My Body', sang by the counsellor's self, and 'I Have to Hide This Body', sang by the private self.

When I was in high school, the stress from my school, friendships and family were experienced as an embodied form: 'My head felt like it was going to explode.' I then attempted to alleviate this pain by knocking my head against a wall so I could then express my emotional difficulty. This action was performed so that I would consequently receive the comfort needed. However, my mother ignored this behaviour and I was *exiled* to my room. Knocking my head against the wall indeed can be considered a self-destructive behaviour in society, and most people might find it difficult to deal with such an action. Yet, from my point of view, knocking my head was a way through which I could release my anxiety and ask for help. My mother's reaction reminded me of how my family had reacted to my uncle after he was sent to a mental health hospital for exhibiting uncontrollable rage and physically violent behaviours. Relating my mother's reaction to my uncle's situation, I then became threatened by my own body. I felt the feelings that my body experienced and expressed could harm my familial relationships and risk my recognised existence in the family. I thus saw how I used my body to be dangerous, destructive and something that should be hidden away from the public. The sense of guilt I feel when believing that I have damaged others often comes after I have disclosed my body. I do not consider the denial of my experiencing body was caused by this one event. This tendency to hide my body has been composed by many events that made me feel threatened when utilising my embodied experiences. For example, in Development I, I discussed how my mother's habit of repressing my anger and sadness had led to my sense of having a damaged and damaging body. The sense of my body being damaged and damaging others resulted in my inability to acknowledge my body in relation to others. My denial of the experiencing body is reinforced by many incidents of interplay with others.

I am aware of how my stories have attributed to my disembodiment of my interactions with my mother. However, as I indicated before, Mother's response to me also presents a social-cultural phenomenon. The culture can be the main force that reinforces a person's denial of his/her body. M's experiences allow us

to see the impact of social-cultural norms on her sense of body. Her sense of body was damaged by the abuse and it was rejected through other people's reactions to her need to be supported after disclosing her vulnerability. Not only did her mother fail to provide a warm and firm hug that M expected after her disclosure, but the receptionist in the supporting agency indicated that hugging M had caused her trouble. M thus felt there must be something wrong with her body because people only seemed to do harm to it and they refused to comfort it. In the end, she did not like her own body as she believed it always brought more harm to her, and, consequently, she did not take care of her body.

The receptionist in the supporting agency represented social-cultural power as it felt able to ignore M's need to experience comforting physical contact with others after disclosing her traumatic abuse experiences. Rereading this story as a researcher brings my attention to the power of agency and organisation. I question whether psychotherapy and counselling professions also collude with similar social-cultural power, and reinforce people's disembodiment? I believe the answer is yes. Although a client's body and a practitioner's bodily awareness have been acknowledged in our therapeutic profession, there is still a lack of awareness that a practitioner's body actively creates subjective meaning (Shaw, 2003; 2004). Green (2001) indicates therapists and counsellors are afraid of bringing their own body into practice. She says, 'It (the body) remains a 'doubtful friend' in the way it betrays our rational intentions and embarrasses us with unwanted affect and unpredictable behaviour'. (p. 568) 'A body of extreme vulnerability, a body that has needs, a body that has feelings, a body that registers hurt, a body that knows desire, a body that hungers is militarized by the person and transformed into a body that is apparently free of the needs that visit other bodies' (Orbach, 2006, p. 90). Orbach was actually describing the anorexic condition. However, it ironically also presents the way many practitioners consider their own body. The overlooking of the practitioner's subjective body can collude with a practitioner's personal denial of her body. In my case, it allowed me to hide my body behind caring words, and permitted my denied body to remain unacknowledged and untouched. In addition, overly

emphasising that a client's experiential and relational body should be communicated solely through verbal language can reinforce a client's bodily repression, which is like supporting the way a counselling agency intensified M's denial of her body by discouraging the sharing of a comforting hug.

M's negotiation of a hug put our bodies in the spotlight. Our bodies, while both played an important part in our communications and interactions, had never been confronted in this direct way. Suddenly I became more aware of my body. The body that had been understood as a *receiver* (Shaw, 2003; 2004) of M's feelings, yet its ability to remember and make meaning had never been acknowledged. We experienced our bodies and the meaning of our bodies. My distrust toward the power my body could potentially create and my fear of damaging relationships by revealing my body resonated with M's fear of recognising the physical and emotional needs of her body. I understood the guilt in her eyes as I could see mine in hers. It felt wrong to reveal the needs of our bodies as this kind of disclosure could damage our relationships with others. She and I both struggled to acknowledge our bodies. In this way, my client and I dealt with the same issue. My own inability to acknowledge my body threatened to prevent me as a practitioner from providing the support and comfort my client arguably needed.

4.5.5 Codetta of Development III

While previously my observations focused on the meaning of a hug as fusion from mother's expectation to merge, Reflecting Development III demonstrated a different way to perceive it. By reflecting on my body as a researcher and formally recognising my tendency to ignore my bodily experiences in order to achieve my academic goal, the reflective section illustrated a different meaning assigned to the request of a hug. The researcher was able to see how the request allowed M and me to acknowledge our body experiences that we had previously been afraid to attend. The acknowledgement of the individual body experiences has empowered me to not only reflect on but also criticise specific social-

cultural contexts, including the fields of counselling and psychotherapy where practitioners' personal body experiences are largely overlooked. In this sense, the meaning of the hug has been transformed. The hug is no longer about merging of two people, but a revolutionary attempt to recognise the ignored body experiences and regain personal authority of our own bodies.

In short, the three development sections have brought us to see the meaning of the hug between M and me from various perspectives and introduced new understandings. Next, we are moving on to recapitulation where the experience of hugging M will be reviewed and re-understood.

4.6 Recapitulation

Recapitulation is a section where the tensions emerging in previous units are resolved. Recapitulation is 'a reinterpretation of the pattern of the exposition' (Rosen, 1988, p. 284). Although the basic idea of recapitulation is to repeat all or part of the exposition, I have no intention to do that.

In the recapitulation section of my autoethnographic piece, I concentrate on the tension resolution. I will bring the three voices of the researcher self, the counsellor self and the private self together, and find a way to solve the dissonance between the voices. What follows is the result of my effort. The recapitulation is presented using a poetic structure. In this section, some important phrases and sentences are picked up from the songs previously sung by the counsellor self, the private self and the researcher self. Then the phrases and sentences are rearranged and combined to produce a new song. Through this new song, we gain a new interpretation of the hugging incident without needlessly repeating the exposition. I propose this section will illustrate how my reflexive process helped me to better understand the confusion and the strong physical reaction that followed my experience of using physical contact in practice.

I.

Reconstruct Relationship

Mother and Daughter

Play and re-play

The negotiation of the position

I let her choose our seat

'You're my Barbie', she said

I'm Mom's

extension

She never allowed me to cry

Tears just overwhelming

She did not like

When I am upset with her

My disobedience felt

unbearable

'I'll hit you'

she did what she said

Her anger like a fire

burning my body

Where is the line?

My body felt

vulnerable

lack of boundaries

damaged and damaging

It has been difficult to get in touch

I do not like to be touched

Close and lock the door of my room

A thick glass wall between us

a partition between self and other

She asked, she shouted

Open up

Reach out

I'm frightened

Struggle to overcome

The fantasy of fusion

II.

2010, 2012, 2015

Edinburgh and Hsinchu city

Time and distance

Leaving and going

home

Leaving

To live differently from Mother

Venture and fulfil my dream

Become independent

Let new self grow

But

The pull from my home

I am worried about Mom

I can't go

Would Mom feel extremely lonely?

I should be there

Give up my dream

Like mother

Like grandmother

Ambivalence
Shouldn't go or should still go?
She hopes I stay
I cannot wait to go
Connection
Separation
I struggle to solve
The conflict between two

III.

I could not wait
a hug
from Mom
I imagined she would come
Stay with me, just stay with me
I need her

She has not hugged me
My body is neglected
angry
Feel hurt and betrayed
I am fine
I AM FINE
I do not need her
Turn away from Mom
Relationship never recovered
I am accused for killing

There is something wrong
with my body
Sad, mad, scary

my body

114

4.7 Coda – The Ethics of Writing an Autoethnography

In some sonatas, after the music seems to come to an end in the recapitulation, a coda then applies the themes presented in the exposition in order to create a new dynamic between the themes. Accordingly, in this section I aim to demonstrate new understandings about how I dealt with ethical implications and the unexpected challenges that arose as I engaged in my autoethnographic research process. In this thesis' exposition, I presented my dream about setting a fire that killed a friend and her daughter as a song that metaphorically represented my personal experience of hugging my client, M. At the same time, a dream sometimes symbolically illustrates not one but several experiences. Hence, it later became apparent that this dream did not only resonate with my experience of hugging a client, but simultaneously expressed my anxiety about writing an autoethnography that uses my personal experience as research material. In the chapter below, I further develop the dream and present different potential meanings of this dream. Specifically, every paragraph of the story begins with a scene from the dream, which is presented in the font of Chalkboard. Following the initial scene, I then respond by moving between the expression of my sense of self as a researcher and as the researched. The newly developed stories will be presented in the font of Papyrus. I believe the stories will lead us to experience and think about the power of conducting research and the ethics of writing the autoethnography. After experiencing the conflict stories, I will question the *friendliness* of conducting autoethnography. To answer the question of friendliness, I will then echo the themes of the stories in order to explore the ethical issues that emerged during the process of doing my autoethnographic research. I will also explore whether my chosen approach has been ethical for the people who I have written into my autoethnography. The ethical challenges I will address include presenting the researcher as the researched, utilising others as relative characters in my autoethnography, sharing counselling practice experiences, and the disclosing of my relationship with my mother. In the end, I will argue that these perceived ethical challenges

cannot be solved using a single explanation, but, rather, require a process that continues beyond the completion and publication of the research.

4.7.1 Dreaming in Writing – The Dream of the Challenges of Conducting

Autoethnography

'I have to destroy everything,' I think. I am in my room. I am in an information base and trying to eliminate all the data – all the data about me.

I (the researched self) want to hide everything about me. I do not feel safe to be found. As I aim to publish this doctoral thesis, writing about myself causes me to feel particularly insecure. I want to remove my personal data from the thesis, so no one can see. NO ONE. There is my fear of being exposed. The memories contained in my body are private. However, the personal data I share will be ruthlessly exposed for the purpose of research. The researcher self is looking into the database of the body, seeking something she can use for her research. 'NO!' I scream.

I set the fire, close the main door and leave.

When I (the researcher self) open the door into myself, I see the fire. The aggressive flame reaches me. This self/body is on fire. 'Oh god! There is fire everywhere'. I am overwhelmed by what I see. I am unable to take my eyes away from it. I cannot concentrate on other matters in my life. Both the rice and the vegetable for dinner are undercooked. My husband asks me what has happened to me. 'I just opened up something in me, and I don't know how

to deal with it', I tell him. Should I have opened the door for my research? If I acknowledge this opening, will the fire spread to the external world and harm other people? Maybe it is too dangerous to keep the door opened and admit that I ever opened it. Why is my body full of fire? Who set the fire? Should I just close the door and leave? Should I simply write something else so that my research does not hurt anyone? When looking inside the room behind the door, I see that my mother and I are there inside. What are they doing? 'Come out! It is too dangerous! You will be killed by the fire!' I shout.

I check the room. My friend and her daughter are there, dead. I know they came to see me and they were trapped by the fire I set.

My mother and I are dead because of the fire. This relationship is killed because I (the researcher self) want to use my personal information as research data. It is I who attempts to expose my personal data; it is my body which is full of fire; I still open the door regardless, and allow my mother and I to be caught in the fire. I (the researcher self) do not want to kill them, but they are killed because of how I am trying to do an autoethnography for my doctoral thesis. Thus, I am guilty.

I see blame in others' eyes. I feel blame in my mind. There is no way to escape from this guilt. I will breathe guilt for the rest of my life.

The autoethnography exposes me and I have no way to escape. The research audience does not only see my private selves, but also sees the harm the research imposes on my mother and me as her daughter. I am afraid

that they will look at my research and blame me for being selfish, because I seemingly chose to ignore the possible damage this research may impose on the relationship between my mother and I, but proceeded with my research regardless. Even though my audience might not blame me for constructing this research, I still cannot escape my internal criticism. ‘You killed them!’ the researched self cries. Is it ethical to conduct this research, while I clearly know it will expose my private life and touch on the complex relationship I share with my mother?

A few hours after writing the last sentence above, I put down a paper about writing autoethnography on my desk and turned to my husband.

‘Would you like to read my thesis?’

‘I am concentrating on other matters’, he replis.

I know he is tired after work and does not want to read any complex literature.

‘My thesis is *reader friendly*!’ I encourage him to read my work by applying Chang’s argument about autoethnography. (Chang, 2008)

He chuckled. ‘So your thesis is friendly?’

I turned back to my desk and grabbed the paper about writing autoethnography.

‘I don’t know. I think it’s friendly, but maybe it’s not friendly at all....’

4.7.2 Is Autoethnography Friendly?

Researcher-Friendly?

Is autoethnography a *friendly* research approach? According to Chang (2008) autoethnography as a method is researcher-friendly as it is allegedly easy for a researcher to access the data. However, doing autoethnography did not feel

friendly to me. I have learnt how autoethnography sometimes can feel cruel and demanding because it required me to place myself in the centre of the research. Through the process of doing my autoethnography, I sometimes struggled with my resistance to engage in self-disclosure, overwhelmed by what had surfaced from my writing, and how I had allowed my research to take over my personal life.

Fear of Exposition

‘I want to remove my personal data from the thesis, so no one can see. NO ONE.’ -
From ‘Dreaming in Writing’

As doing an autoethnography required me to write using my ‘heart and soul’ (Ellis, 2009a) into the text, I felt it risky to leave such personal materials in a published thesis which could be accessed by any interested party. After I originally completed part of the content, I asked my peers to read it for some feedback. As they read my work, I realised I was trembling. I probably drank ten cups of tea in order to calm myself. Yet, while tea did not help appease my anxiety, it did help when my peers finished their reading and were ready to give feedback as I suddenly needed to go to the toilet. It gave me an excuse to run away to another space so that I could prepare for the challenge.

Putting my heart and soul on paper and revealing intimate material to other people makes me feel insecure and anxious. This experience heightened my awareness of the challenge of sharing my vulnerability with others. I normally only share some pieces of my heart and soul with someone I trust in a secure environment. However, in the case of my chosen approach, intimate and private information was expected to be presented in a public space for the purpose of research. I had to put my heart and soul in a space that many people will see and I cannot control who the audience members are, and cannot predict how they will respond. Etherington (2007) warned about the unknown consequences of

disclosing participants in research, ‘... we don’t always know until it happens- even when we take as much care as we can at the time...’. She later continued, ‘...when you actually see that (personal life story) in print – it’s a powerful medium for something that has been for so long very private for you, even secret and shameful – suddenly ‘aaahhh!’” (p. 609)

Etherington was right. I was not truly aware how powerful the experience of sharing private stories with others could be until I printed out a part of the content to share with my peers for feedback, and my disclosed heart and soul started to scream *aaahhh!* Sharing an autoethnography demands a lot of courage from the researcher/researched. Even if the audience feedback feels positive and friendly, publishing the stories about my heart and soul also means that I had to abandon certain boundaries I had previously utilised to hide my vulnerabilities. Furthermore, what has been written in this thesis will become an inked tattoo I will have to carry on the surface of my self (Tolich, 2010), and it might influence my relationships with others. Will it affect my career as a counsellor? How will people who read the research perceive our physical contact? I might live with and live in the stories forever. Sometimes I regretted choosing autoethnography as my research method and wished I had instead chosen a method that hides me from the eyes of the public.

Burning by the Internal Fire

‘When I (the researcher self) open the door into myself, I see the fire. The aggressive flame reaches me.’ – From ‘Dreaming in Writing’

In addition to my anxiety of being exposed, writing with my heart and soul also meant that I had to get in touch with the deepest place in me while knowing that re-searching this place sometimes evokes a great deal of emotional pain. When writing my thesis, nightmares had become a regular visitor during the night. Sometimes I woke up with tears in my eyes as I felt unable to leave the dream

behind. It was not like other fictional nightmares that I could wipe away by saying, 'It was just a dream'. It was instead the kind of dream that replayed the painful past in a distorted form. I recognised the sorrow, anger, violence and pain, as they have become such familiar themes in the past that I realised I never really let go or focussed on. I cried like a child and sought comfort from my husband. By doing an autoethnography, I had opened the door to hurtful experiences that had been ignored and hidden for a long time. I felt these experiences to be overwhelming. The process of doing autoethnography sometimes felt more like a medical operation that cut through my skin, opened up my body, ripped my heart out and showed it to the audience. Accessing the data for my autoethnographic study did not feel *easy* at all.

Several years ago I had an operation to remove three teratomas from my ovaries. After the operation, I woke up feeling enormous pain. The nurse came and wanted to insert an intravenous drip into my right arm. Feeling unable to bear more pain, I pulled back my arm and said 'No!'. I knew the drip would aid me in healing, but I just did not want to feel more pain. I sometimes had a similar reaction to my researcher self. I wanted to say 'No!' and refuse to continue doing autoethnography, although I knew that engaging in autoethnography could be healing in the end. I just wanted to close myself down as I did not want to experience more pain from *the research operation*. 'Is there such a thing as being too vulnerable for one's own good, when doing autoethnography?' Chatham-Carpenter asked. (Chatham-Carpenter, 2010, p. 6)

Ruthless Researcher

'The researcher self is looking into the database of the body, seeking something she can use for her research.' -From 'Dreaming in Writing'

The researcher and researched are both me. Thus, as I took part in the research process, the researched sometimes felt powerless to stop the operation as she

shared the same body and same memories as the researcher. My eagerness to conduct an informative thesis led me to use my private materials despite my uncertain feelings about subjective disclosure. My experience of sharing my stories with peers had demonstrated the emotional consequence of disclosing private stories. Although the result of receiving feedback from peers was positive and helpful for deepening my understanding, I also became aware of how shaky I became when sharing vulnerable parts without proper consideration. Moreover, the emotional pain, which was evoked by doing autoethnography, not only caused me to experience internal resistance to continue the research, but also influenced my quality of life. Many autoethnographers experience the impact of doing autoethnography on their personal life during the process and even after the research concludes (Adams et al., 2015; Barton, 2011; Chatham-Carpenter, 2010; Irwin, 2006; Tamas, 2011). Doing research about the self consequently blurred the boundaries between the researcher and the researched. I found it very difficult to avoid being a determined researcher who interfered with the participant's personal life. Irwin reflects on the qualitative research process and says, 'I had become preoccupied with the research (especially the harms that can come from it) and had made it my first priority. I had stopped living my life.' (Irwin, 2006, p. 163) Similarly, Barton also shares her difficulty of separating her research from her personal life. She says, 'I have to analyze what is too private to share no matter how useful it may be to my scholarly argument - and at all this I have been less successful. I have neither found nor erected any clear boundary separating work from life. My project has taken over my life. I think this is partly because I am a member of the group I am studying, and partly because of my strong political commitment to the work.' (Barton, 2011, p. 442) How could I be an ethical researcher to myself, and reduce the interference from the research in my personal life when I was playing the role of the researcher and the researched? How could I work carefully and respectfully with myself? How could I support myself throughout the research process and after the research is done and published?

I do not feel I have the ability to provide the above questions with generalisable answers. However, the experience of going through my medical operation helped me to see how I as a capable figure could make the *autoethnography operation* less frightening. Before having the medical operation to remove the teratomas, I sat alone in the waiting area feeling vulnerable and anxious. Although I understood the risk of the operation was low, it was still scary to think that my body was going to be cut and opened. Suddenly, someone interrupted my thoughts to ask, 'Are you okay?'. A hospital volunteer looked at me with caring eyes. I told her how nervous I was. She listened to me and asked for more information about the operation I was going to have. Her voice was gentle and calming. I became tearful, but at the same time felt less alone and scared. When I went into the operation room, all the medical members similarly spoke to me with care and empathy. Their gentleness increased my trust in them to operate. I then calmly lost consciousness. When I awoke from the anaesthesia, I felt achy and thirsty. I mourned the pain and kept readjusting my body to find a more comfortable position. I heard a voice tell me, 'Miss, stop moving! We have given you a pain killer already.' I stopped moving, but still moaned due to the pain. Later, another voice spoke with concern, 'Oh, she said she is in pain.' Then the voice said to me, 'Don't worry, we will make you feel better.' Then I stopped moaning. Although I was not fully awake at that time, and did not know where I was and who was with me, I clearly remember these two very different voices and how I felt about them. During the process of recovery, my knowledge about the purpose of the medication and the trust in my nurse and doctor's ability enabled me to tolerate more pain from the injection. Moreover, due to my mother's meticulous care and other people's support, I was able to address my needs: I slept when I was tired, and ate nutritious food when I was hungry. I finally recovered from the operation to achieve a reasonably healthy state and eventually healed from the operation. This experience allowed me to understand that, though medical operations

could heal, I would not be able to tolerate them without warmth and support from others.

Similarly, during the process of engaging in autoethnography, I have tried to not speak in a harsh voice and give orders to my researched self. Instead, I tried to speak with care and empathy. I attempted to communicate with the researched self constantly. The researcher and researched selves worked closely as much as possible. The researcher engaged in self-care and listened to the researched self's feelings and responded to her writing. She explained the purpose of what she was writing but also tried to find a different way of writing in order to reduce the researched self's fear and anxiety. Furthermore, the researcher self tried to leave enough space for the researched self to rest and recover. Specifically, my researcher self aimed to create time for research while also leaving the rest of the day for personal business and enjoyment. However, this part was actually the most difficult task. The selves often disagreed about the usage of time. For example, when the researcher self stressed out about an approaching deadline or academic expectations, she would turn into a ruthless researcher who wanted to proceed with her research regardless. Then selves would consequently become too exhausted to work for many days. Creating equitable time and space for research and my personal life became something that continually had to be balanced and negotiated throughout the writing process. Last but not least, other people and activities were also involved in order to better support a healthy personal life and achieve the needed balance. For example, doing yoga has been very helpful for me to release the stress and remove my research from my immediate thoughts. Asking my husband to cook meals when deadlines loomed also helped to reduce the pressure felt by the researcher self, so she would be able to enjoy a higher quality personal life. Personal therapy and talking to friends were also very supportive. Sharing my work with peers and receiving feedback from them was also a rewarding thing to do. Peer feedback helped me to evaluate how secure I felt about disclosure, and confirmed the idea that sharing my experiences can be meaningful to others.

Through engaging in autoethnographical research, I have learned the importance of life balance and the need for support from others.

I argue that, without adequate self-respect and self-care, doing autoethnography is not likely to be a *friendly* research approach for the researcher. During the process of doing autoethnographic research, a researcher unavoidably confronts her selves who may have different opinions and feelings about the research. Doing an autoethnography requires the researcher self to give up her authoritative position, and to work cooperatively with her other selves. In my process of doing my autoethnographic research, I have done my best to work ethically with my selves and pay much attention to my feelings about self-disclosure. Yet, even though I have carefully conducted my autoethnography, I still cannot entirely predict what will happen after my research is published. I have no clue how you, my audience, will respond to this thesis and to me. Feedback is not solely academic criticism, but can be perceived as personal attacks as to how I as an individual managed my multiple and simultaneous roles that stretched into my professional and personal spheres. I can only keep my mind as open as possible and regard all feedback as opportunities for professional, academic and personal learning and growth.

Participant-Friendly?

‘What are they doing? ‘Come out! It is too dangerous! You will be killed by the fire!’ I shout.’ – From ‘Dreaming in Writing’

Is autoethnography friendly? I wonder whether others who have been presented in this thesis would consider autoethnography to be a friendly approach. Although the research focus is on my experiences, many others have been mentioned in my stories as they played a role in my subjective experiences. Although most of the characters were only mentioned briefly in order to illustrate the stories, information involving four people has been shared

throughout this thesis. These others include my grandmother, Mother, my husband, and my client, M. How will they experience my thesis?

The researcher's husband

I have shown my husband this thesis. Even though he is not entirely certain about sharing so many personal stories in the thesis, he has agreed to let me mention him in the thesis. He has read every paragraph about him and feels fine about my way of presenting him. However, he is the only one of these four people who has been fully informed about my research.

What would the researcher's grandmother say?

My grandmother passed away several years ago. Thus, I cannot inform her about my research and acquire consent from her. I can easily imagine sharing my thesis with my grandmother, but I cannot know for certain how she would respond. When I talked with Grandmother, she always talked about me, and she never mentioned herself: 'Have you eaten?' 'Would you like to drink something?' 'Eat some fruit.' She was always busy taking care of others. I heard all the stories about her from Mother and my uncles. I cannot even imagine her disapproving of me or getting angry about my disclosure of her. I never saw her angry. She was always warm and caring, and seldom showed any negative emotions, even the time she lost her memory of me. Yet, how would she feel about me writing her story? I imagine her smiling, and nodding her head as she always did when she listened to me. However, this is just my imagination. The truth is, I do not know, as we never talked about her or my intentions to conduct an autoethnography that would include her. I will never know.

Writing about my husband and my grandmother in my thesis caused ethical challenges. Grandmother's death made the ethical issues become more complicated. However, what caused me to feel more ethically uncertain is writing M and my mother into my autoethnography. It is because the

experiences of our relationships serve as the centre of my research. While I illustrated and explored the experiences, much of their information was disclosed. My dream about the death of the mother and the daughter clearly illustrates my fear about the possible damage my research may cause to my relationships with my mother and with M, who served as a mother figure for me. I was afraid that by exposing my experiences of our relationships I would be releasing my internal anger and frustration, which could harm these important relationships. I was scared that they would be hurt by my disclosure in this thesis. Moreover, I also worried how people would perceive me when they realised the possible harm that could be caused by sharing my experiences of them. I also knew that I would not forgive myself if my research hurt M and my mother.

Sometimes I was too overwhelmed by my fear to continue with the research. In this kind of moment, I wanted to give up my research and my doctoral candidacy so that no one would be harmed. However, at the same time, I felt that I needed to continue for my own sake. Therefore, instead of escaping from my fear and giving up the research, I decided to face my fear and to work through it.

Counsellor-researcher and her ex-client

In my third year of the doctoral programme, I took a course about reflexive research. At that time, I had decided to conduct research that focuses on my experience of working with M. One of the group members asked whether I would ask for consent from M. 'No', I said. 'The focus of the research is on my experience, and not the experience of the client, so it is not necessary for me to ask for consent'. This group member came from a different academic background and said she had never heard this kind of argument before. Through her eyes, I could tell that she was not entirely convinced by my reasoning. She seemed to indicate that I could not avoid my responsibility for M by focusing on my own experience and not seeking others' informed consent.

During the process of doing autoethnography, I shared more information about M than I had expected. 'Our stories are not our own', Sparkes argues. (2013, p. 207) Being one of the 'relational participants' (Etherington, 2004, p. 226) in my research, a good deal of her information was shared in order to illustrate my experience. Ellis (2007) also argues that the story of self must involve the stories of others, and yet autoethnographers '...don't have an inalienable right to tell the stories of others' (p. 25). If we are to doubt an autoethnographer's right to tell the stories that include others' information, my role as M's ex-counsellor made this issue even more complicated. Confidentiality is a crucial element in counselling as it enhances clients' ability to feel secure enough to share and explore their stories in therapeutic relationships. The issue of confidentiality is stressed in the ethics guidelines published by the British Association for Counselling and Psychotherapy (BACP) and Counselling and Psychotherapy in Scotland (COSCA). (BACP, 2002; COSCA, 2014) Have I broken this essential confidentiality by sharing my experience of working with M? How could I deal with this kind of situation? Professions in the fields of counselling and psychotherapy often use their practice experiences as example cases to develop or explain their understanding. Case examples have been a crucial element for mental health professionals to learn (Winship, 2007). However, many of these researchers did not mention how the ethics of presenting their reflections on therapeutic practice were addressed. According to the BACP ethics guide, asking for consent 'is the ethically preferred way of resolving any dilemmas over confidentiality' (BACP, 2002, p. 6). It seems that asking for consent from M would have been the preferable way to meet my ethical responsibilities of being a counsellor-researcher.

Yet, while asking for consent seems to be the most straightforward way to solve my ethical concerns, is that really the case? Is requesting informed consent from a former client really the most ethical action that would prevent M from being potentially harmed by my research? While confidentiality helps clients to feel safe enough to share and explore their vulnerability, the relational boundaries are also a crucial element of creating a secure space for a client. To maintain

sufficient relational boundaries, a counsellor would not approach an ex-client voluntarily. Whether a counsellor could contact their ex-clients and re-open a topic that had been closed since the therapeutic relationship ended for a counsellor's own research purpose is arguable (Syme, 2003). It has been years since M and I ended our counselling work. While M decided to end the counselling, she demonstrated an attitude of wanting to move on so that she could put her past behind her. Although she had found counselling helpful, she felt staying in our therapeutic relationship somehow meant that she had not moved on. Ending counselling meant something significant for her recovery. Therefore, I wondered what it would mean if I was to contact her and extend our relationship. When Gary Winship found himself making the decision about whether he should seek consent from a previous patient, he asked, 'Would contacting the patient deleteriously affect the patient's ongoing progress?' (Winship, 2007, p. 178) When Etherington (2000) conducted a narrative inquiry on her experiences of working with male survivors of childhood sexual abuse, she involved two of her ex-clients, to whom she referred as Mike and Stephen, to cooperate with her. Etherington worked through the ethical concerns involved in working with her former clients during the process of conducting her research, and the information shared in her book was presented with full consent provided by them (Etherington, 2007). However, her situation is different from mine. While Mike and Stephen ended their therapeutic relationships with Etherington, both voluntarily expressed an interest in sharing their stories to help others. Etherington thus had fewer concerns when she needed to contact them seven years after their relationships had ended. However, she experienced a similar concern I had when a TV editor wanted to make her clients' stories into a film, and she had to contact these clients years after the research was done. 'I worried they might be angry with me for interfering in their lives' (Etherington, 2007, p. 611), she says. Asking for consent in my case would not necessarily prevent the potential negative influences of the research on M. Contacting M and resuming our relationship could instead draw M back to the feelings she intended to leave behind when we ended counselling. She might find herself unable to move on as I pulled her back

into the dynamics of our former therapeutic relationship. The request could be interpreted as an action of interference, and the effect of our previous counselling could also be reduced by breaking the boundaries previously established. Approaching ex-clients in order to fulfil a practitioner's research purpose could be harmful and unethical. After serious consideration and consultations with my research supervisors, I came to a difficult decision not to ask for consent from M. In order to maintain our therapeutic confidentiality, I used anonymity to prevent M from being recognised by others.

Over the course of my writing process, I allotted a great deal of thought on what I should share, and how I should present M's information. I have used 'M' to refer to her. I removed information shared in our counselling sessions that has no relation or relevance to my research focus. I only provided enough information to illustrate the context of our relationship. All the stories and details of the information have been reviewed several times to ensure the concealment of M's identity. However, the use of *client disguise* has its limit. McLeod points out, '...the issue of how to disguise a client's identity while preserving the important part of a case's clinical and contextual reality' is a question...'. (2010, p. 58) Clients still could be recognised by themselves, family members and close friends, despite the use of anonymity (McLeod, 2010; Winship, 2007). I agree that the effect of disguise is limited. My name and some information shared regarding our counselling work could be sufficient for M to recognise herself. However, their argument is based on a case study where the research focus is on a client's life stories, whereas my research is focused on my personal stories which include the client's stories because doing so is an effective way to enhance a better understanding of my own personal and professional experiences. As the client's stories are not the research focus, I can only vaguely describe M and not provide much detail. Moreover, I have read and re-read stories about her again and again to remove unnecessary information and make sure she will not be recognised by other people. I am confident that even her friends and family will not recognise her. At all times, I have presented M with respect and care in my research. Therefore, I believe even if she should

recognise herself through my name and my description of our counselling work she will feel that I have honoured the information she had shared with me.

Researcher daughter and her mother

Mother and I talk through Skype every Sunday. Every time she asks me, 'How is your thesis going?' I will either answer, 'Not too good', 'I feel stuck' or 'It's been okay'. No matter what my answer was, I always experienced a sense of guilt. I did not want to let her know that I was writing about our relationship. 'I hope your mom doesn't read your thesis', my husband told me once he read my work. 'Me, too', I replied. After all, how would she respond to my writing about my experience of her modifying and punishing my body? I do not think she would love what I have been writing. About two years ago, she told my friend that her relationship with me has always been very friendly. I was so surprised and slipped, 'No, you used to be very strict!' She looked a bit embarrassed and said, 'Well, I suppose I had to treat you differently when you were a teenager.' Feeling the guilt of making Mother *lose face*, I quickly agreed with her. I feel my thesis is like that slip, which genuinely expresses my perception, but simultaneously embarrasses my mother.

Kristina Medford argues, 'As we write, we should imagine our subjects sitting in the front row at our conference panels, reading our journal articles like newspapers on their morning commutes, or pouring over the pages of our academic text before they go to bed at night' (Medford, 2006, p. 862). If I imagine my mother is listening to my presentation or reading this thesis, I would and could not have been able to write what I have written. The guilt of embarrassing her would have been too powerful, and I would only have presented our relationship from her point of view. It is much easier and more comfortable to obey her, to hold the same opinion she possesses. It is difficult for me to maintain my sense of self when I am with her.

As mentioned previously, after completing my master's degree, I went back home with a new sense of self which had been developed during my academic experience in Edinburgh. This new sense of self caused a good deal of conflict between Mother and me, as I would refuse her interpretations of me and disagree with her opinions. We had a lot of fights, and I felt the new sense of self was wearing. Therefore, part of the reason for me returning to Edinburgh again was to avoid losing that new sense of self. The gap between us had created sufficient boundaries between Mother and me, so I could raise my voice and talk about our relationship from my point of view. Alexander illustrates how telling his stories about his relationship with his father served as an act of resistance to his father's authority, 'Maybe it is that the telling of the story is an act of resistance; a story with tension and pull; a story that is *tensive* – that will hold me in a perpetual relationship to my father; a story that screams against its continued silence; between whether it will be told right and the truths and untruths of who I am, and who my father was- at least now in my memory of him.' (Alexander, Moreira, & Kumar, 2012, p. 122) Echoing Alexander's experience of telling the story about his father, my experience of sharing my relationship with my mother required both pulling and pushing. Writing the stories about my relationship with my mother required me to pull myself back to our relationship in order to experience and reflect upon our interactions. On the other hand, it also required me to push myself away from our relationship, so I could observe and analyse our relationship from a distance without feeling overwhelmed by the dynamics found in the relationship and influenced by Mother's authority. The stories locate my experiences and perception of touch in the context of a mother-daughter relationship, but at the same time oppose my mother's dominant narrative, and allow me to talk about my subjective experience of our relationship. A meaningful story can only be told when the *pull* and the *push* are both possible: A story only makes sense when the context is given; a story is meaningful when it provides something that has never been mentioned in the past. Therefore, in order to write a meaningful autoethnography, I had to maintain the pull and push in my stories. Yet, the power of pull in my relationship with Mother was so strong, the introduction of

push would only cause conflict and harm between the both of us. The stories were so *tensive* they could only be told with the existence of a sufficient gap. Therefore, I decided not to show my mother this thesis and, as result, not to seek her consent. However, the decision of not showing Mother what I had written did not leave me in peace. The unpredictability of the future still raises a lot of questions in my mind. What if she asks to read it? What if her friend or someone in our family reads my thesis and tells her what it is about? I could only hope that the language barrier and professional specificity would reduce their motivation to read this thesis. Mandarin is the native language for my mother, and for our family and friends. Most of them do not read complex English literature, so it seemed highly unlikely that my personal stories would be read by those who would share them with Mother.

The objective of my thesis was not to blame my mother's influence on my body and experiences. In my time as an undergraduate student in a different culture from that in which I had been raised, I became angry with Mother as I realised how she had hurt me. I recalled stories about how she had treated me badly. I was angry and sad. 'How could she treat me like that?' I asked this question in a reactive way without really looking for an answer, which was just a new way to finally express all the anger and confusion I had repressed for so many years. I also witnessed many people immerse themselves in the sorrow and anger they felt towards their parents. Sometimes these emotions even further damaged their relationships with their family members. However, the purpose of counselling, psychotherapy and autoethnography is to deepen these kinds of realisations. Being a counsellor, my aim is to recognise the influence of parents and to also be aware of a client's own strength to modify the impact of past experiences. Autoethnographers try to answer, 'How could s/he treat me like that?' They also explore not only the one-way impact that parents have on their children, but also try to see the dynamic between various kinds of power. An autoethnographer tries to understand the parent instead of blaming the parents. When Tami Spry discusses the ethics of representing others in autoethnography, she suggests that the autoethnographer can develop his/her critical arguments

by 'examining sociocultural norms and expectations that may have been operating in the decisions made by others'. (Spry, 2011, p. 137) The ability to acknowledge others and see the relative self and others in a broader context transforms self-indulgence into self-awareness. While acknowledging the struggles which were caused by my relationship with Mother, I did not immerse myself in pity but tried instead to empathise with Mother's situation by assigning it a sociocultural context. I tried to understand how the cultural norm greatly influenced her way of educating me, and how her experience of the cultural expectations placed on women affected our interaction.

I have written Mother into my narratives with care for her. I care about how she will be perceived by the audience. I recognise that I have no strategy to disguise her as I have no strategy to disguise myself. Being the mother of the researcher who has to put her real name on the thesis she creates, I am automatically exposed to public perceptions. I imagine how my research supervisors who have read my whole thesis will feel when they meet my mother in my graduation. Due to such thoughts, I have been especially careful about how I present my mother through my research stories. I presented her with respect and showed that she is an ordinary person who has experienced her own struggle within her cultural and social context. Irwin (2006) says, 'The most important tool to avoid harm and exploitation is to locate the structural context surrounding our research' (p. 170). The purpose of doing autoethnography was to understand my struggle, but not to victimise myself or attack and harm anyone else. I do hope that if Mother does read this thesis, while she might feel hurt by my perceptions of our relationship, she will realise I did not intend to upset her and will instead recognise my love for her through my writing.

4.7.3 How Could We Set the Fire Without Causing Harm?

Through writing an autoethnography, I have presented a part of self which had been hidden for many years. My role as a researcher strengthens my words and

empowers this part of the self. Writing the repressed self so as to empower it is a way to deconstruct and challenge the dominant narrative. Through writing an autoethnography, I have indeed set a fire in the field in which I conducted and now present my research. Yet, I wonder if the fear caused by my dream will play out in my conscious state. Have I done enough to prevent the fire from spreading over the people in my stories? Have I been careful enough to guide the fire without causing any harm? I cannot provide a confident answer. Although I have dedicated a great deal of effort to prevent possible harm in my research design, I can never be certain of my success. Tony Adam (2008) suggests:

Working with ethics involves realizing that we do not know how others will respond to and/or interpret our work. It's acknowledging that we can never definitively know who we harm or help with our communicative practices. And ethics involves a simultaneous welcoming and valuing of endless questioning, never knowing whether our decision are 'right' or 'wrong' (p. 179).

The fire is set. My ethical responsibilities do not stop here. How will people react to the fire? Will anyone be accidentally burnt by it? Will the wind blow and spread the fire further? Will the sky rain and weaken the fire? I have to stay with the fire, follow it, observe it, respond to it, all the while learning more about its changes and impact.

5. Final Reflection

The music of my autoethnographic piece has stopped. Through playing this music, I have shown you my experience of processing a request for a hug from my client. While the autoethnographic piece was playing, I attempted to immerse you in my experiences and emotions regarding physical contact with others. I wonder if you feel I achieved my aesthetic and academic goal. Consequently, I feel my responsibility does not end though the music has stopped. My experience of being a counsellor has taught me that it is important to encourage my clients to reflect upon their experience immersion before I draw our session to an end. The final reflection before the ending helps my clients feel grounded in what we discovered in our collaborative space. In addition, they become more able to articulate what they learned from their experience immersion. Therefore, in this section, I will lead you to reflect upon my Trio Sonata in the silence that has followed so that the understandings, meanings and the influences of this piece are clearly analysed and discussed. In addition, I will also consider the implications of this autoethnographic work dedicated to illustrating the use of creative reflexivity by therapeutic professionals who face obstacles in their own practice.

5.1 After the Music Ends

5.1.1 What was the Trio Sonata about?

A piece that is beyond theories

In the Trio Sonata of the thesis, I explored the multiple and simultaneous perspectives I held regarding the request for a hug from my client, M. I believe the Trio Sonata provided the understanding that stretches beyond what the existing psychotherapy theories can provide about the issue of touch in counselling and psychotherapy. Present theoretical understandings regarding

the meaning of touch are oversimplified and sometimes overly rigid. At the same time, what I learned through the Trio Sonata is that engaging in physical contact within a therapeutic context is a complex and subjective experience that requires the use of various perspectives that may help explain.

According to the stories told in the Trio Sonata, the hug provided M a physical contact experience that she had not received from her mother. In this sense, the meaning of the hug can be described as providing a positive interpersonal experience that is supported by the relational model (Bosanquet, 2006; Forer, 1969; Glickauf-Hughes & Chance, 1998; Toronto, 2002). Hugging M can also be considered as my non-verbal communication to M that showed my empathy and acceptance toward her and her body as a person-centred practitioner would explain (Pattison, 1973; Smith, 1998). As presented in Development III, M's request for a hug can be seen to change/interfere the transference of Mother and daughter body dynamics (Orbach, 2006) that originally presented in our relationship. It even can be explained as the 'interference of transference' argued by some psychodynamic practitioners (Bonitz, 2008; Forer, 1969; Fosshage, 2000; Goodman & Teicher, 1988; Hunter & Struve, 1998; Kertay & Reviere, 1998).

However, despite the meanings suggested by psychotherapy theories, I actually experienced other specific meanings while engaging in my autoethnography that deeply influenced my personal experiences of the hug. In Trio Sonata, the hug was also the experience of my relationship with my mother that had been 'created anew' (Ogden, 1994). I experienced the hug as a force of merging from a mother figure which then made independent/separation difficult to achieve. The meaning of hug thus represents 'the merged attachment' between Mother and daughter's body (Orbach 2004b; Orbach 2008). At the same time, when looking from a different angle as what I have done in Development III, the hug was actually an attempt to acknowledge the power my body has and regain the authority of controlling it. Moreover, the Trio Sonata explored the issue of touch in a broader context than that of theoretical explanation. While psychotherapy

theories understand the issue of touch only in the context of a therapeutic relationship, the Trio Sonata approached the issue using a larger social-cultural context. By incorporating various social-cultural contexts into the larger discussion regarding my subjective understanding, the different and simultaneous meanings I experienced through the act of hugging M were revealed. I realised that the hug also represented a specific kind of Mother-Daughter relationship that had already been (unconsciously) constructed through Taiwanese social-cultural norms. While I found that my review of the theoretical perceptions on the issue of touch in psychodynamic perspectives and person-centred approaches in the second chapter of this thesis illustrated the divisive and short-sighted theories to which confused practitioners are referred, I also accept that these theoretical arguments all provide helpful explanations for the meaning of touch. However, after experiencing the Trio Sonata, I have learned the meaning of touch can also contain various complex layers that are not included in the literature.

A piece that touches personal experiences

As mentioned in the second chapter, 'Losing Signal – Where is The Gap', I felt a large portion of my experience of hugging M was left 'untouched' by the existing literature. Other counselling and psychotherapy practitioners also face the difficulties of processing and comprehending their experiences of touch in practice (Tune, 2001; S. Williams et al., 2011). Some scholars argue that this difficulty is due to the reluctant attitude toward the use of touch in our profession and the lack of attention assigned to the complex issue of touch in counselling and psychotherapy training. (Harrison, Jones, & Huws, 2012; Tune, 2001) Yet, while I agree with their argument, as argued in the second chapter, I believe practitioners' understanding of the issue is also limited by the way we subjectively understand the meaning of touch. Specifically, the Trio Sonata shows that our individual perspective affects how we regard a therapeutic relationship and the issues that may arise within it. Touch in counselling and psychotherapy is usually interpreted as a one-way experience that a counsellor or a psychotherapist provides for the client and the meaning of the touch is

determined by solely the client and the therapeutic relationship. Yet, we cannot extract our self from a relationship composed of two individuals. By allowing my internal voices to sing, I was able to see that I held the answers to my own struggle within myself. Composing the Trio Sonata helped me to understand personal and professional experiences that had been left untouched before. This knowledge freed me to view the literature in a different way and diminish the boundaries separating theories and experience.

Although the Trio Sonata contains a detailed exploration of my personal experience of touch, it also shows that counsellors and psychotherapists take active part in constructing the experience and the meaning of touch in practice, but we have to also reflexively acknowledge and listen to the multiple and simultaneous voices that compose our layered understanding. We are not only practitioners, but individuals with specific histories and identities. Trio Sonata has emphasised the role of practitioners' subjectivity which I argue has been overlooked in previous research and present literature, and it opens up a new way to better understand practitioners' experience of touch in counselling and psychotherapy.

A piece that fills the gap

In the Trio Sonata, my personal history of my bodily relationship with my mother led me to construct a different meaning than that offered through my theoretical interpretation of the meaning of hugging M. The difference caused a huge internal conflict and hindered my ability to comprehend the experience. The stories of internal conflict in the Trio Sonata provide a procedural understanding of Milakovich's (1998) research results that stated therapists' personal bodily experiences and difficulties may impact their perceptions and use of touch in their practice. In his research, Milakovich noticed that the practitioners who have experienced physical abuse in the past usually are more aware of the power and the meaning of touch in counselling. However, he also states that psychodynamic practitioners with abuse experience often have difficulty with comprehending the meaning and the use of touch in counselling

and psychotherapy, whereas humanistic practitioners who also experience physical abuse often hold a positive attitude toward the use of touch. Milakovich believes the difficulty is the result of that discouraging attitude toward touch suggested by the psychodynamic models which contradicts these practitioners' personal experiences. As seen through my research process, I agree with Milakovich in that the conflict between theoretical orientation and personal experience often causes counsellors and psychotherapists' difficulty when trying to comprehend the meaning of touch. However, through my active development of the Trio Sonata, my experience was at the same time different. While my theoretical orientation did oppose any personal wish to use touch in practice, it was my personal fear of physical contact, based on my subjective experience with bodily relations, that prevented me from using touch in my practice. In addition, my distorted sense of bodily boundaries was also a primary cause for my seeming inability to accurately understand the meaning of physical touch with others. As my fear of invading or being invaded usually appeared when I experienced physical contact with other, this unresolved bodily issue not only influenced my personal interaction with others but also caused my difficulty to understand the meaning of hugging M as a professional. Therefore, the Trio Sonata demonstrates that a practitioner's unresolved bodily issues can also be a reason for his/her inability to confidently and comprehensively understand their experience regarding the meaning of touch.

In addition to demonstrating the impact of a practitioner's personal experiences on his/her experience of touch in counselling and psychotherapy practice, the Trio Sonata also illustrated the relationship between cultural-social norms and the touch experience. My Trio Sonata showed that Taiwanese and my family culture had a significant impact on my bodily sense of autonomy and my perception of touching a mother figure. As in the social-cultural environment where I grew up suggested vague body boundaries between a child and his/her parents, as well as less autonomy for females in society and family, I thus perceived touching my mother or a mother figure, M for example, as sacrificing my independent body so that I may merge with her. This result echoes Hunter

and Sturve's (1998) as well as Cranny-Francis's (2011) argument that social-cultural norms define the meaning of boundaries and connection when touch is used and thus further influences a person's perception of the meaning of touch in certain relationships. Furthermore, the Trio Sonata has expanded our understanding about how gender roles in specific social-cultural contexts could significantly influence a counsellor or a psychotherapist's perception of touch in their practice. As presented in my review of the literature, in the past, perception regarding gender difference in the issue of touch was always discussed in the frame of sexual encounter (Holroyd & Bordsky, 1977; Mearns et al., 2013; Stake & Oliver 1991; S. Williams et al., 2011). The Trio Sonata demonstrated the influence of social gender difference in the issue of touch extends far beyond the issue of sexuality and sexual encounter. The female role in my family culture suggested that, as a female, my body was more restricted. It was expected that I give up my body's independence so that I may be a caring character who is deeply attached to the family. This attitude contributed to my perceived sense of touch as merging with mother and consequently affected my comfort and ability to hug M who originally appeared as a mother figure in our relationship. Therefore, the Sonata demonstrated that gender differences in a social-cultural context could not only influence a practitioner's concern about the sexual encounter, but may also affect his/her opinions about how their body should be offered and the meaning of the offer in psychotherapy and counselling contexts. On the other hand, in the Trio Sonata, my subjective opinions of physical boundaries constructed by my social cultural environment contradict with my professional opinion about the meaning of hugging M. This internal conflict had increased my difficulty with understanding the hugging experience. My experience of the conflict between social-cultural norms and professional attitudes was similar to the situation illustrated in Holder's (2000) research, as shared in my literature review. As in the case of Holder, my Trio Sonata demonstrated the potential influence of social-cultural norms on a practitioner's use and perceptions of physical contact with their clients.

Through the Trio Sonata, we gain a richer understanding about the issue of touch in counselling and psychotherapy that differs from existing psychotherapy theories. Moreover, it has provided access for us to *get in touch* with my experience of hugging my client and enabled us to closely look into a counsellor's personal experience. In addition, the piece has filled the gap in the existing literature where counsellors and psychotherapists' subjectivities are overlooked and missing. Through reading the Trio Sonata, I argue that a new sense of the meaning of touch is experienced.

5.1.2 The implications of the Trio Sonata

A new direction for counsellors and psychotherapists enters their experience of touch in practice

As previously mentioned, when counselling and psychotherapy practitioners are troubled by their internal conflict and struggle to understand the meaning of physical contact with their client, they often cannot find helpful or complete guidance. I argue the Trio Sonata in my thesis has revealed a new direction practitioners may take in order to get in touch with their difficulties and experiences of touch. In this autoethnographic piece, I focussed on the interplay between my personal perceptions, my social-cultural values and my theoretical beliefs. For example, my experience of growing up in Taiwanese society, learning Western counselling knowledge and practicing in the UK led me to experience greater internal conflict than other practitioners who grew up and then practiced in the same social-cultural context. Therefore, the path I illustrated in the Trio Sonata cannot be followed or repeated by every other practitioner. Yet, by acknowledging the cause and content shared by internal voices and identities, practitioners might find other kinds of subjective values have more significance and different influences on their perceptions and experiences of touch.

The Trio Sonata is like other autoethnographies in that it is personally and culturally specific. However, as mentioned in my methodological arguments, the aim of autoethnography is not to provide generalised theories that can be applied to every occasion. Instead, it aims to provide a chance for the audience to immerse in the richness and the depth of a personal experience. The experience of reading an autoethnographic piece is like the experience of practicing counselling and psychotherapy: We always face a client who comes from a specific personal and social-cultural background, so we can never apply the generalised theories in the same way with every other individual client. Moreover, we always construct a specific relationship with each client based on our subjective perceptions and experiences. By showing how the exploration of my subjective values brought a more comprehensive understanding about my experience of hugging M, the Trio Sonata suggests a new direction, and encourages practitioners to look inward at their subjective experiences while also looking outward at their social-cultural context in order to deepen their experience of touching clients. It also helps the trainers and supervisors to become more aware of the influences of trainees and supervisees' subjective values that may contribute to their difficulty regarding physical contact in real practice. The Trio Sonata is not a map, but a song that stimulates counselling and psychotherapist practitioners' reflexivity.

Demonstrating the complex meaning of touch

According to my experiences of discussing the use of touch with other practitioners, many practitioners, including me at that time, normally consider its meaning to be fixed and unitary. This way of exploring the issue of touch also can be observed in other practitioners' interpretations of its use in practice (see Bosanquet, 2006; Casement, 1982; Galton, 2006; McLaughlin, 2000; Sinason, 2006; Tune, 2001; S. Williams et al., 2011). By performing the Trio Sonata, I hope to encourage and guide the counselling and psychotherapy professions to be aware of the fluid quality of the meaning of touch. This piece shows that the meaning of touch can be various and that it may be transferred from time to time. As Denzin (2014) argues, 'Meanings are always in motion, inclusive,

conflicting, contradictory' (p. 37). Through my process of conducting this autoethnographic piece, I learned a hug can simultaneously have different meanings, and these meanings may actively transform the research process. My autoethnographic piece indicates the meaning of touch is not rigid and does not embody a singular purpose that it performs at the moment of the contact. Rather, the meaning of touch keeps changing and relates to the memories and experiences of touching in one's past, present and future. The Trio Sonata encourages other counsellors and psychotherapists to abandon their tendency of assigning a fixed meaning when exploring physical contact experiences, even though a fixed and unitary meaning may provide a sense of certainty and security. It proposes the practitioner accepts the possibility of a more fluid and subjective process so that we may improve our professional practice and gain confidence in our abilities as practitioners.

Bring attention to practitioner's body

Finally, the Trio Sonata challenges the current attitude about a practitioner's body in the counselling and psychotherapy professions. Counsellors and psychotherapists' subjective experiences of their body in practice are usually neglected in our profession (Green, 2001; Shaw, 2003; Shaw, 2004). It is as if counsellors and psychotherapists have no body, and only experience physical contact at a conscious level. I believe this ignorance also influences our professions' understanding of physical contact in practice. The autoethnographic piece in my thesis demonstrated that my body did experience the hug subjectively. The experience of my hug stimulated my body memories such as physical punishments that I experienced in my Taiwanese culture, the lack of physical boundaries I experienced with my mother, and the guilt of maladjustment assigned by my beliefs of society. My body played an important role in my experience of interacting with my client. Yet, I had previously been able to conceal my body behind clever interpretations and caring words provided through theories found in psychotherapy and counselling fields of thought. I could easily ignore my responsibility to my body and its experiences, assuming that the bodily experience came from my client's personal issues and

our professional interaction. I was able to avoid the difficulties that my body had experienced for a long time until a hug was requested and the fierce conflict in my mind forced me to acknowledge my own experiential body. Not every practitioner has the same kind of body issue I have recognised, and not every professional hides their physical issues behind verbal communication. The practitioners who come from different social-cultural backgrounds and have different body experiences may not have the same difficulty with acknowledging their body. Some practitioners can feel quite comfortable to allow their body to interact with their clients. However, the stories presented in the Trio Sonata cautions the possibility that a practitioner's body issue could be intensified by the profession's ignorance. Development III especially criticised that ignoring a practitioner's subjective knowledge of their bodily experiences can cause some practitioners to deny the personal vulnerabilities of their body and even project their own vulnerabilities onto their clients. Counselling and psychotherapy practitioners' denial and projection of their bodily vulnerabilities not only reduce their ability to support their clients but also reinforce their clients' fear of the body. I argue this autoethnographic piece can heighten counselling and psychotherapy practitioners' awareness of their subjective body and enable them to work more reflexively. Moreover, it urges the trainers and supervisors in this profession to consider how the issue of bodily experiences including touch should be presented and explored.

5.2 Keep the Music Playing

We have come to the end of my thesis. In this work, I have shown you my process of understanding my experience of being asked for a hug by my client. Through exploring my own subjective perceptions regarding the issue of physical contact with the other, I finally felt that the experience of the hugging request was better understood. Although self-healing was not the main purpose of my autoethnography, writing this autoethnography did provide some therapeutic effects for me. My anxiety about being uncertain about whether hugging M was a correct decision finally calmed down. Moreover, in the process

of writing, I had a chance to review my distorted relationship with my body. Exploring the impact of my social-cultural norms on my relationship with my mother also helped me to see our relationship differently and allowed me to finally forgive the harm that was caused by my mother and me. I found that these therapeutic outcomes are the unexpected benefits of writing an autoethnography. I propose that this thesis may have the same effect on you as it was created to inspire you to reflect upon your own experiences and influences. By sharing my stories with you, I tried to invite you to experience what I had experienced, so the emotions, feelings and thoughts that had hit me would have the same power on you. In addition, through showing my process of understanding the experience of the hug request, you can also learn to consider your own physical contact experiences with clients from a new angle. You might have different opinions from me and have different interpretations, but I argue that these will theoretically cause further reflexive thought. In such a case, the goal of this thesis has been achieved, as I aimed to facilitate your reflexive thinking on this issue and facilitate you to become immersed in experiences and emotions.

The story about my search for a better understanding of the use of touch in practice will stop here. The power of a good story can last for a long time. After the story is told, the audience can reread, recall and even retell the story. They might even change the story to become their own. I would encourage you to create your own autoethnographic piece about your experiences of using touch and being touched in counselling practice, so you will better understand them. There is still a great need for additional studies that deserve to be done to more comprehensively understand the complex issue of touch in counselling and psychotherapy. As all stories are partial, it is impossible for me to explore all the aspects of the issue in my thesis. Rather, I suggest more research can be done from different perspectives. For instance, future research can try to integrate both the client and practitioner's subjective perceptions on touch and explore how they influence each other. I believe the experiences of different social-cultural norms should be shared and explored. At the end of *The Princess Who*

Believed in Fairy Tales (Grad, 1995), the princess finally reached the Temple of Truth and learned about the knowledge of her past suffering. However, the princess's journey did not just end there. She was encouraged to continue following the Path of Truth. Before she departed again, the owl who was the doctor of the broken heart said to her, 'Keep(ing) the music playing will be entirely up to you now.... Go forth and live your highest truth' (p. 202). It is time for us to depart and walk our own path again. Keep the music playing, and search for your own truth about the struggles and obstacles you may find while engaging in counselling and psychotherapeutic practice.

References

- Abrahams, H. (2007). Ethics in counselling research fieldwork. *Counselling and Psychotherapy Research*, 7(4), 240–244.
- Adams, T. E. (2008). A review of narrative ethics. *Qualitative Inquiry*, 14(2), 175–194. doi:10.1177/1077800407304417
- Adams, T. E., Jones, S. H., & Ellis, C. (2015). *Autoethnography*. New York City, NY: Oxford University Press.
- Alagna, F. J., Whitcher, S. J., Fisher, J. D., & Wicas, E. A. (1979). Evaluative reaction to interpersonal touch in a counseling interview. *Journal of Counseling Psychology*, 26(6), 465–472.
- Alexander, B. K., Moreira, C., & Kumar, H. S. (2012). Resisting (resistance) stories: A tri-autoethnographic exploration of father narratives across shades of difference. *Qualitative Inquiry*, 18(2), 121–133.
- Barton, B. (2011). My auto/ethnographic dilemma: Who owns the story? *Qualitative Sociology*, 34(3), 431–445. doi:10.1007/s11133-011-9197-x
- Boadella, D. (1997). Embodiment in the therapeutic relationship: Main speech at the First Congress of the World Council of Psychotherapy, Vienna, 1–5 July 1996. *International Journal of Psychotherapy*, 2(1), 1–31
- Bonitz, V. (2008). Use of physical touch in the “Talking Cure”: A journey to the outskirts of psychotherapy, *Psychotherapy Theory, Research, Practice, Training*, 45(3), 391–404.
- Bosanquet, C. (2006). Symbolic understanding of tactilecommunication in psychotherapy. In G. Galton, *Touch papers: Dialogues on touch in the psychoanalytic space* (pp. 29–48). London, UK: Karnac Books Ltd.
- Bowlby, J. (2005). *A secure base*. London, UK: Routledge.
- Brafman, A. H. (2006). Touching and affective closeness. In G. Galton, *Touch papers: Dialogues on touch in the psychoanalytic space* (pp. 15–28). London: Karnac Books Ltd.
- Calmes, S. A., Piazza, N. J., & Laux, J. M. (2013). The use of touch in counseling: An

- ethical decision-making model. *Counseling and Values*, 58(1), 59–68.
- Casement, P. J. (1982). Some pressures on the analyst for physical contact during the re-living of an early trauma. *International Review of Psycho-Analysis*, 9, 279-286.
- Chang, H. (2008). *Autoethnography as method*. Walnut Creek, CA: Left Coast Press.
- Chatham-Carpenter, A. (2010). “ Do thyself no harm”: Protecting Ourselves as autoethnographers. *Journal of Research Practice*, 6(1), 1-13.
- Clance, P. R., & Brown, E. C. (2001). Touch in psychotherapy. *Journal of Couples Therapy*, 10(2), 61–73.
- Clance, P. R., & Petras, V. J. (1998). Therapists' recall of their decision-making processes regarding the use of touch in ongoing psychotherapy. In E. W. L. Smith, P. R. Clance, & S. Imes, *Touch in psychotherapy: Theory, research, and practice* (pp. 92–108). New York City, NY: The Guilford Press.
- Cranny-Francis, A. (2011). Semefulness: A social semiotics of touch. *Social Semiotics*, 21(4), 463–481.
- Dallos, R. (2006). *Attachment narrative therapy*. Maidenhead, UK: Open University Press.
- Davis, M., & Wallbridge, D. (1991). *Boundary and space*. London, UK: Karanc Books Ltd.
- Deleuze, G., & Guattari, F. (1988). *A thousand plateaus*. (B. Massumi). London, UK: Athlone.
- Denzin, N. K. (2014). *Interpretive autoethnography* (2nd ed.). London, UK: SAGE Publications.
- Diamond, N. (2006). Between touches. In G. Galton, *Touch papers: Dialogues on pouch in the psychoanalytic space* (pp. 79–96). London, UK: Karnac Books Ltd.
- Durana, C. (1998). The use of touch in psychotherapy: Ethical and clinical guidelines. *Psychotherapy: Theory, Research, Practice, Training*, 35(2), 269.
- Ellis, C. (2007). Telling secrets, revealing lives: Relational ethics in research with intimate others. *Qualitative Inquiry*, 13(1), 3–29.
- Ellis, C. (2009a). Autoethnography as method (review). *Biography*, 32(2), 360–

- Ellis, C. (2009b). Fighting back or moving on: An autoethnographic response to critics. *International Review of Qualitative Research*, 2, 371–378.
- Ellis, C. (2009c). *Revision* (Vol. Walnut Creek). Left Coast Press.
- Ellis, C. (2013). Crossing the rabbit hole: Autoethnographic life review. *Qualitative Inquiry*, 19(1), 35–45.
- Ellis, C., & Bochner, A. P. (2000). Autoethnography, personal narrative, reflexivity: Researcher as subject. In N. K. Denzin & Y. S. Lincoln, *Handbook of qualitative research* (2nd ed.). Thousand Oaks, CA: Sage.
- Ellis, C., Adams, T. E., & Bochner, A. P. (2011). Autoethnography: An overview. *Forum: Qualitative Social Research*, 12(1), 1–18.
- Etherington, K. (2000). *Narrative approaches to working with adult male survivors of childhood sexual abuse*. London, UK: Jessica Kingsley.
- Etherington, K. (2004). *Becoming a reflexive researcher - Using our selves in research*. London, UK: Jessica Kingsley Publishers.
- Etherington, K. (2007). Ethical research in reflexive relationships. *Qualitative Inquiry*, 13(5), 599–616.
- Farber, B. A., Brink, D. C., & Raskin, P. M. (Eds.). (1996). *The psychotherapy of Carl Rogers*. New York City, NY: The Guilford Press.
- Finlay, L. (2003). The reflexive journey: mapping multiple routes. In L. Finlay & B. Gough, *Reflexivity: A practical guide for researchers in health and social sciences* (pp. 3–20). Oxford, UK: Blackwell Science.
- Flax, J. (1978). The conflict between nurturance and autonomy in mother-daughter relationships and within feminism. *Feminist Studies*, 4(2), 171–189.
- Forer, B. R. (1969). The taboo against touching in psychotherapy. *Psychotherapy: Theory, Research & Practice*, 6(4), 229.
- Fosshage, J. L. (2000). The meanings of touch in psychoanalysis: A time for reassessment. *Psychoanalytic Inquiry*, 20(1), 21–43.
- Freud, S. (1936). *Inhibitions, symptoms and anxiety*. London, UK: Hogarth Press and Institute of Psycho-analysis.
- Freud, S., & Breuer, J. (1955). *The standard edition of the complete psychological works of Sigmund Freud* (Vol. 2). London, UK: Hogarth Press and Institute of

Psycho-analysis.

- Galton, G. (2006). Bearing witness to an abused patient's physical injuries. In G. Galton, *Touch papers: Dialogues on touch in the psychoanalytic space* (pp. 69–78). London, UK: Karnac Books Ltd.
- Geib, P. (1998). The experience of nonerotic physical contact in traditional psychotherapy. In E. W. L. Smith, P. R. Clance, & S. Imes, *Touch in psychotherapy: Theory, research, and practice* (pp. 153–169). New York City, NY: The Guilford Press.
- Gingrich-Philbrook, C. (2005). Autoethnography's family values: Easy access to compulsory experiences. *Text and Performance Quarterly*, 25(4), 297–314.
- Glickauf-Hughes, C., & Chance, S. (1998). An individualized and interactive object relations perspective on the use of touch in psychotherapy. In E. W. L. Smith, P. R. Clance, & S. Imes, *Touch in psychotherapy: Theory, research, and practice* (pp. 153–169). New York City, NY: The Guilford Press.
- Goodman, M., & Teicher, A. (1988). To touch or not to touch. *Psychotherapy: Theory, Research, Practice, Training*, 25(4), 492.
- Grad, M. (1995). *The princess who believed in fairy tales*. Chatsworth, UK: Wilshire Book Company.
- Greene, A. U. (2001). Conscious mind–conscious body. *Journal of Analytical Psychology*, 46(4), 565–590.
- Harrison, C., Jones, R. S. P., & Huws, J. C. (2012). “We’re people who don’t touch”: Exploring clinical psychologists’ perspectives on their use of touch in therapy. *Counselling Psychology Quarterly*, 25(3), 277–287.
- Holder, A. (2000). To touch or not to touch: That is the question. *Psychoanalytic Inquiry*, 20(1), 44–64.
- Holroyd, J. C., & Brodsky, A. M. (1977). Psychologists' attitudes and practices regarding erotic and nonerotic physical contact with patients. *American Psychologist*, 32(10), 843–849.
- Holroyd, J. C., & Brodsky, A. M. (1980). Does touching patients lead to sexual intercourse? *Professional Psychology*, 11(5), 807–811.
- Holub, E. A., & Lee, S. S. (1990). Therapists' use of nonerotic physical contact:

- Ethical concerns. *Professional Psychology: Research and Practice*, 21, 115–117.
- Horton, J. A., Clance, P. R., Sterk-Elifson, C., & Emshoff, J. (1995). Touch in psychotherapy: A survey of patients' experiences. *Psychotherapy: Theory, Research, Practice, Training*, 443–457.
- Hunter, M., & Struve, J. (1998). *The ethical use of touch in psychotherapy*. Thousand Oaks, CA: Sage Publications, Inc.
- Irwin, K. (2006). Into the dark heart of ethnography: The lived ethics and inequality of intimate field relationships. *Qualitative Sociology*, 29(2), 155–175.
- Jones, T., & Glover, L. (2014). Exploring the Psychological Processes Underlying Touch: Lessons from the Alexander Technique. *Clinical Psychology & Psychotherapy*, 21(2), 140–153.
- Kahr, B. (2006). Winnicott's experiments with physical contact: Creative innovation or chaotic impingement? In G. Galton, *Touch papers: Dialogues on touch in the psychoanalytic space* (pp. 1–14). London, UK: Karnac Books Ltd.
- Kertay, L., & Reviere, S. L. (1998). Touch in context. In E. W. L. Smith, P. R. Clance, & S. Imes, *Touch in psychotherapy: Theory, research, and practice* (pp. 16–35). New York City, NY: The Guilford Press.
- Langs, R. (2006). Strong adaptive perspectives on patient-therapist physical contact. In G. Galton, *Touch papers: Dialogues on touch in the psychoanalytic space* (pp. 123–144). London, UK: Karnac Books Ltd.
- Latham, A. (Ed.). (2002). *The Oxford companion to music*. Oxford, UK: Oxford University Press.
- Longino, H. E. (2002). *The fate of knowledge*. Princeton, NJ: Princeton University Press.
- McLaughlin, J. T. (2000). The problem and place of physical contact in analytic work: Some reflections on handholding in the analytic situation. *Psychoanalytic Inquiry*, 20(1), 65–81.
- McLeod, J. (1997). *Narrative and psychotherapy*. London, UK: SAGE.
- McLeod, J. (2010). *Case study research*. London, UK: SAGE.
- McLeod, J. (2011). *Qualitative research in counselling and psychotherapy* (2nd

- ed.). London, UK: SAGE.
- Mearns, D., Thorne, B., & McLeod, J. (2013). *Person-centred counselling in action* (4 ed.). London, UK: SAGE.
- Medford, K. (2006). Caught with a fake ID: Ethical questions about slippage in autoethnography. *Qualitative Inquiry*, 12(5), 853–864. doi:10.1177/1077800406288618
- Méndez, M. (2013). Autoethnography as a research method: Advantages, limitations and criticisms. *Colombian Applied Linguistics Journal*, 15, 279–287.
- Milakovich, J. (1998). Differences between therapists who touch and those who do not. In E. W. L. Smith, P. R. Clance, & S. Imes, *Touch in psychotherapy: Theory, research, and practice* (pp. 74–91). New York City, NY: The Guilford Press.
- Mintz, E. E. (1969a). On the rationale of touch in psychotherapy. *Psychotherapy: Theory, Research & Practice*, 6(4), 232.
- Mintz, E. E. (1969b). Touch and the psychoanalytic tradition. *Psychoanalytic Review*, 56C, 365–176.
- Mizzi, R. (2010). Unraveling researcher subjectivity through multivocality in autoethnography. *Journal of Research Practice*, 6(1), 1–14.
- Ogden, T. H. (1994). The analytical third: Working with intersubjective clinical facts. *International Journal of Psycho-Analysis*, 75(1), 3–20.
- Orbach, S. (2004a). The John Bowlby Memorial Lecture the body in clinical practice, Part Two: When touch comes to therapy. In K. White, *Touch: Attachment and the body* (pp. 35–48). London, UK: Karnac Books Ltd.
- Orbach, S. (2004b). What can we learn from the therapist's body? *Attachment & Human Development*, 6(2), 141–150.
- Orbach, S. (2006). How can we have a body?: Desires and corporeality. *Studies in Gender and Sexuality*, 7(1), 89–111.
- Orbach, S. (2008). Chinks in the merged attachment: Generational bequests to contemporary teenage girls. *Studies in Gender and Sexuality*, 9(3), 215–232.
- Pattison, J. E. (1973). Effects of touch on self-exploration and the therapeutic relationship. *Journal of Consulting and Clinical Psychology*, 40, 170–175.

- Preez, du, J. (2008). Locating the researcher in the research: Personal narrative and reflective practice. *Reflective Practice: International and Multidisciplinary Perspective*, 9(4), 509–519.
- British Association for Counselling and Psychotherapy (BACP) (2002). *Ethical framework for good practice in counselling and psychotherapy*, Lutterworth, UK: British Association for counselling and Psychotherapy.
- Reed-Danahay, D. (Ed.). (1997). *Auto/ethnography*. Oxford, UK: Berg 3PL.
- Rosen, C. (1988). *Sonata forms*. New York City, NY: W. W. Norton & Company.
- Sadie, S., & Tyrrell, J. (Eds.). (2001). *The new Grove dictionary of music and musicians* (2nd ed.). New York City, NY: Oxford University Press.
- Counselling and Psychotherapy in Scotland (2014). Statement of ethics and code of practice, Stirling, UK: Counselling and Psychotherapy in Scotland.
- Shaw, R. (2003). *The embodied psychotherapist*. East Sussex, UK: Routledge.
- Shaw, R. (2004). The embodied psychotherapist: An exploration of the therapists' somatic phenomena within the therapeutic encounter. *Psychotherapy Research*, 14(3), 271–288.
- Sinason, V. (2006). No touch please- We're British psychodynamic practitioners. In G. Galton, *Touch papers: Dialogues on touch in the psychoanalytic space* (pp. 49–60). London, UK: Karnac Books Ltd.
- Smith, E. W. L. (1998). Traditions of touch in psychotherapy. In E. W. L. Smith, P. R. Clance, & S. Imes, *Touch in psychotherapy: Theory, research, and practice* (pp. 3–15). New York City, NY: The Guilford Press.
- Soyini Madison, D. (2006). The dialogic performative in critical ethnography. *Text and Performance Quarterly*, 26(4), 320–324.
- Sparkes, A. C. (2013). Autoethnography at the will of the body: Reflection on a failure to produce on time. In N. P. Short, L. Turner, & A. Grant, *Contemporary British autoethnography* (pp. 203–211). Rotterdam, UK: Sense Publishers. doi:10.1007/978-94-6209-410-9_13
- Speedy, J. (2008). *Narrative inquiry and psychotherapy*. New York City, NY: Palgrave Macmillan.
- Spry, T. (2010). Call it swing: A jazz blues autoethnography. *Cultural Studies Critical Methodologies*, 10(4), 271–282.

- Spry, T. (2011). *Body, paper, stage*. Walnut Creek, CA: Left Coast Press.
- Stake, J. E., & Oliver, J. (1991). Sexual contact and touching between therapist and client: A survey of psychologists' attitudes and behavior. *Professional Psychology: Research and Practice*, 22(4), 297.
- Stenzel, C. L., & Rupert, P. A. (2004). Psychologists' use of touch in individual psychotherapy. *Psychotherapy: Theory, Research, Practice, Training*, 41(3), 332–345.
- Stockwell, S. R., & Dye, A. (1980). Effects of counselor touch on counseling outcome. *Journal of Counseling Psychology*, 27(5), 443–446.
- Strozier, A., Krizek, C., & Sale, K. (2003). Touch: Its use in psychotherapy. *Journal of Social Work Practice*, 17(1), 49–62.
- Syme, G. (2003). *Dual relationships in counselling & psychotherapy*. London, UK: SAGE.
- Tamas, S. (2011). Autoethnography, ethics, and making your baby cry. *Cultural Studies Critical Methodologies*, 11(3), 258–264.
- Tolich, M. (2010). A critique of current practice: Ten foundational guidelines for autoethnographers. *Qualitative Health Research*, 20(12), 1599–1610.
- Tolkien, J. R. R. (2005). *The lord of the rings*. London, UK: Harper Collins Publishers.
- Toronto, E. L. (2002). A clinician's response to physical touch in the psychoanalytic setting. *International Journal of Psychotherapy*, 7(1), 69–81.
- Tune, D. (2001). Is touch a valid therapeutic intervention? Early returns from a qualitative study of therapists' views. *Counselling and Psychotherapy Research*, 1(3), 167–171.
- Walford, G. (2004). Finding the limits: Autoethnography and being an Oxford University proctor. *Qualitative Research*, 4, 403–417.
- West, W., & Byrne, J. (2009). Some ethical concerns about counselling research. *Counselling Psychology Quarterly*, 22(3), 309–318.
- White, M. (2007). *Maps of narrative practice*. London, UK: W. W. Norton & Company.
- Williams, M. (1997). Boundary violations: Do some contended standards of care fail to encompass commonplace procedures of humanistic, behavioral, and

- eclectic psychotherapists? *Psychotherapy: Theory, Research, Practice, Training*, 34, 238–249.
- Williams, S., Clarke, D., & Gibson, K. (2011). *The use of touch in counselling and psychotherapy*. Saarbrücken, DE: LAP LAMBERT Academic Publishing.
- Winnicott, D. W. (1990). *The maturational processes and the facilitating environment*. London, UK: Karnac Books Ltd.
- Winship, G. (2007). The ethics of reflective research in single case study inquiry. *Perspectives in Psychiatric Care*, 43, 174–182.
- Wright, J., & Bolton, G. (2012). *Reflective writing in counselling and psychotherapy*. London, UK: SAGE.
- Wyatt, J. (2006). Psychic distance, consent, and other ethical issues: Reflections on the writing of “A Gentle Going?.” *Qualitative Inquiry*, 12(4), 813–818.
- 林文瑛 (1992) 。 體罰實態， 理論及心理因素之探討。應用心理學報， 1， 53–77。
- 林文瑛， 王震武 (1995) 。 中國父母的教養觀: 嚴教觀或打罵觀？本土心理學研究， 3， 2–92。